

SITE HEALTH AND SAFETY PLAN (HASP)

Office: Houston PC
Site Name: Wilcox Oil
Client: US EPA
Work Location: West 221st St. South/Refinery Road Bristow OK
WO#: 20406.012.005.0919.01

SITE HEALTH AND SAFETY PLAN (HASP)

Prepared by: Vanessa Trevino

W.O. Number: 20406.012.005.0919.01

Date: 12/5/2014

Project Identification

Office: Houston PC

Site Name: Wilcox Oil

Client: US EPA

Work Location Address: 221st St South/Refinery Rd Bristow
OK

Site History: The site consists of former refineries that operated as a crude oil refinery.

Scope of Work: Soil samples will be collected throughout the property utilizing a slam bar and a Geoprobe. The collected soil samples will be analyzed for lead.

☐ Site visit only; site HASP not necessary. List personnel here and sign off below:

Regulatory Status:

Site regulatory status:

CERCLA/SARA

☒ U.S. EPA

☒ State

☐ NPL Site

☒ OSHA

Hazard Communication (Req'd See Attachment D)

☐ 1910

☐ 1926

☐ State

RCRA

☒ U.S. EPA

☐ State

NRC

☐ 10 CFR 20

Other Federal Agency

☐ DOE

☐ USACE

☐ Air Force

☐ _____

Corporate Environmental Compliance, Health, & Safety Program Manual (Required to be On-Site)

Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan.

☐ Stack Test

☐ Air Emissions

☐ Asbestos

☐ Industrial Hygiene

☒ Basic Hasp

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

Review and Approval Documentation:

Reviewed by:
SO/DSM/CHS

Vanessa Trevino
Name (Print)

Signature

Date:

12/5/2014

Approved by:

Project Manager

Jeff Criner

Name (Print)

Signature

Date:

Hazard Assessment and Equipment Selection:

In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the FSO and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to CEHS Program Manual Section 5, Personal Protection Program, for guidance)

☒ **FSO**

Derrick Cobb

Name

Signature

Date:

☐ **Site Manager**

Date:

☒ **Environmental Compliance Officer**

Derrick Cobb

Date:

☐ **Dangerous Goods Shipping Coordinator**

Name

Signature

Date:

Project start date: 12/8/2014

End date: TBD

This site HASP **must** be reissued/reapproved for any activities conducted after:

Date: 6/5/2015

Amendment date(s)

- 1.
- 2.
- 3.
- 4.

By:

Vehicle Use Assessment and Selection

Driving is one of the most hazardous and frequent activities for WESTON Employees. The most appropriate type vehicle(s) authorized for use on this project is/are:

1. Full Size SUV
2. Full size pickup truck
3. mid-size sedan
- 4.

The following Project Team Member's qualifications and experience in driving these types of vehicles was evaluated and found to be acceptable (indicate vehicle type(s) number next to employee name).

1. Derrick Cobb - All
3. Patrick Bond - All
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

The project site was evaluated and a **Traffic Control Plan** ☐ is required ☒ is not required.

If required, the **Traffic Control Plan** can be found in Attachment H.

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ATTACHMENTS

| | |
|---------------------|--|
| ATTACHMENT A | Chemical Contaminants Data Sheets |
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| ATTACHMENT D | Hazard Communication Program |
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| ATTACHMENT J | Site Security Assessment Form (Permissive Environment) |

1. PERSONNEL ON SITE INFORMATION

1.1 WESTON REPRESENTATIVES

| Organization/Branch | Name/Title | Address | Telephone |
|---------------------|-----------------------------------|--|--------------|
| WESTON/Houston | Jeff Criner/PM | 5599 San Felipe, Suite 700, Houston, TX 77056 | 713-985-6627 |
| WESTON/Houston | Derrick Cobb/Project Team Lead | 5599 San Felipe, Suite 700, Houston, TX 77056 | 832-347-4180 |
| WESTON/Houston | Patrick Bond | 5599 San Felipe, Suite 700, Houston, TX 77056 | 713-385-1801 |

Roles and Responsibilities:

Jeff Criner - Project Manager

Derrick Cobb - Project Team Leader - Will oversee FTL and all site activities.

1.2 WESTON SUBCONTRACTORS

| Organization/Branch | Name/Title | Address | Telephone |
|-----------------------|---|--|--------------|
| Alpine Field Services | Name: Clay Campbell Title: President | Street: 9095 Emmott Rd City: Houston State, Zip: TX77040 | 713-466-7771 |
| | Name: Title: | Street: City: State, Zip: | |
| | Name: Title: | Street: City: State, Zip: | |

Roles and Responsibilities:

Alpine will be responsible for running the GeoProbe

SITE-SPECIFIC HEALTH AND SAFETY PERSONNEL

The Site Field Safety Officer (FSO) for activities to be conducted at this site is: Derrick Cobb

The FSO has total responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field.

Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as FSOs are experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120.

Qualifications:

40-hour HAZWOPER, 8-hour Refresher, 8-hour Site Manager and Supervisor Training Course (FSO Course)
Training, CPR & First Aid Training.

Designated alternates include: Patrick Bond

1.3 SITE PERSONNEL AND CERTIFICATION STATUS

1.3.1 Weston Employee Certification

| | |
|--|--|
| Name: Patrick Bond Title: Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input checked="" type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) | Name: Derrick Cobb Title: Project Team Leader Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input checked="" type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) |
| Name: Title: Task(s): All Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) | Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) |
| Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) | Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) |
| Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) | Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) |
| Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) | Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) |
| Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) | Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.) |

TRAINING CURRENT - Training: All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910, 29 CFR 1926, or 29 CFR 1910.120.

FIT TEST CURRENT - Respirator Fit Testing: All persons, including visitors, entering any area requiring the use or potential use of any negative pressure respirator must have had, as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI, within the last 12 months. If site conditions require the use of a full-face, negative-pressure, air-purifying respirator for protection from asbestos or lead, employees must have had a qualitative fit test, administered according to OSHA 29 CFR 1910.1001 or 1025/1926, within the last 6 months.

MEDICAL CURRENT - Medical Monitoring Requirements: All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work and to wear a respirator, if appropriate, in accordance with 29 CFR 1910, 29 CFR 1926/1910, or 29 CFR 1910.120.

The Site Field Safety Officer is responsible for verifying all certifications and fit tests.

SITE PERSONNEL AND CERTIFICATION STATUS

1.3.2 Subcontractor's Health and Safety Program Evaluation

Name of Subcontractor: Alpine Field Services

Address: 9095 Emmott Road, Houston, TX 77040

Activities To Be Conducted by Subcontractor: Soil borings to 1' in depth.

Evaluation Criteria

Medical program meets OSHA/WESTON criteria

☒ Acceptable

☐ Unacceptable

Comments:

Personal protective equipment available

☒ Acceptable

☐ Unacceptable

Comments:

On-site monitoring equipment available, calibrated, and operated properly

☒ Acceptable

☐ Unacceptable

Comments:

Safe working procedures clearly specified

☒ Acceptable

☐ Unacceptable

Comments:

Training meets OSHA/WESTON criteria

☒ Acceptable

☐ Unacceptable

Comments:

Emergency procedures

☒ Acceptable

☐ Unacceptable

Comments:

Decontamination procedures

☒ Acceptable

☐ Unacceptable

Comments:

General health and safety program evaluation

☒ Acceptable

☐ Unacceptable

Comments:

Additional comments:

☐ Subcontractor has agreed to and will conform with the WESTON HASP for this project.

☐ Subcontractor will work under his own HASP, which has been accepted by project PM.

Evaluation Conducted by: Certifications for all subcontractors personnel will be added to the HASP prior to beginning work.

Date:

Subcontractor

Name:

Title:

Task(s):

Certification Level or Description:

☐ Medical Current

☐ Training Current

☐ Fit Test Current (Qual.)

☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

☐ Medical Current

☐ Training Current

☐ Fit Test Current (Qual.)

☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

☐ Medical Current

☐ Training Current

☐ Fit Test Current (Qual.)

☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

☐ Medical Current

☐ Training Current

☐ Fit Test Current (Qual.)

☐ Fit Test Current (Quant.)

2. HEALTH AND SAFETY EVALUATION

2.1 HEALTH AND SAFETY EVALUATION

2.1.1 Task Hazard Assessment

Background Review: ☒ Complete ☐ Partial If partial why?

Activities Covered Under This Plan:

| No. | Task/Subtask | Description | Schedule |
|-----|---------------------------|---|----------|
| 1 | General Oversight | Provide general oversight of site activities. | Dec 2014 |
| 2 | Oversight of Soil Borings | Provide oversight of drillers performing soil borings. | Dec 2014 |
| 3 | Collect soil samples | Collect 5 point composite soil samples from soil borings. | Dec 2014 |
| 4 | Data management | Management of all samples and shipping | Dec 2014 |
| | | | |

Types of Hazards:

Numbers refer to one of the following hazard evaluation forms. Complete hazard evaluation forms for each appropriate hazard class.

| | | | |
|---|--|---|--|
| Physiochemical 1 <input type="checkbox"/> Flammable <input type="checkbox"/> Explosive <input type="checkbox"/> Corrosive <input type="checkbox"/> Reactive <input type="checkbox"/> O ₂ Rich <input type="checkbox"/> O ₂ Deficient | Chemically Toxic 1 <input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Carcinogen <input checked="" type="checkbox"/> Ingestion <input type="checkbox"/> Mutagen <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Teratogen <input checked="" type="checkbox"/> Absorption <input type="checkbox"/> OSHA 1910.1000 Substance (Air Contaminants) <input checked="" type="checkbox"/> OSHA Specific Hazard Substance Standard (Refer to following page for listing) | Radiation 3 Ionizing: <input type="checkbox"/> Internal exposure <input type="checkbox"/> External exposure Non-ionizing: <input checked="" type="checkbox"/> UV <input type="checkbox"/> IR <input type="checkbox"/> RF <input type="checkbox"/> MicroW <input type="checkbox"/> Laser | Biological 2 <input type="checkbox"/> Etiological Agent <input checked="" type="checkbox"/> Other (plant, insect, animal) |
| | | | Physical Hazards 4 <input checked="" type="checkbox"/> Construction Activities |

Source/Location of Contaminants and Hazardous Substances:

| | |
|---|--|
| Directly Related to Tasks <input type="checkbox"/> Air <input type="checkbox"/> Other Surface <input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Surface Water <input type="checkbox"/> Sanitary Wastewater <input type="checkbox"/> Process Wastewater <input type="checkbox"/> Other _____ | Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members: <input checked="" type="checkbox"/> Client Facility/WESTON Work Location <input type="checkbox"/> Nearby Non-Client Facility Describe: <input type="checkbox"/> Have activities (task[s]) been coordinated with facility? Comments: |
|---|--|

HEALTH AND SAFETY EVALUATION

2.1.2 Chemical Hazards of Concern

☐ N/A

Chemical Contaminants of Concern

Provide the data requested for chemical contaminants on HASP Form 25 or attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, etc. List chemicals and concentrations below and locate data sheets in Attachment B of this HASP.

☐ N/A

Identify hazardous materials used or on-site and attach Material Safety Data Sheets (MSDSs) for all reagent type chemicals, solutions, or other identified materials that in normal use in performing tasks related to this project could produce hazardous substances. Ensure that all subcontractors and other parties working nearby are informed of the presence of these chemicals and the location of the MSDSs. Obtain from subcontractors and other parties, lists of the hazardous materials they use or have on-site and identify location of the MSDSs here. List chemicals and quantities below and locate MSDSs in Attachment B of this HASP.

| Chemical Name | Concentration (mg/kg) | Chemical Name | Quantity |
|---------------|-----------------------|-----------------------|----------|
| Lead | Unkown | ABC Fire Extinguisher | 5 lb |
| | | Calibration gasses | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

OSHA-SPECIFIC HAZARDOUS SUBSTANCES

| | | | |
|--|---|---|--|
| <input type="checkbox"/> 1910.1001 Asbestos | <input type="checkbox"/> 1910.1002 Coal tar pitch volatiles | <input type="checkbox"/> 1910.1003 4-Nitrobiphenyl, etc. | <input type="checkbox"/> 1910.1004 alpha-Naphthylamine |
| <input type="checkbox"/> 1910.1005 [Reserved] | <input type="checkbox"/> 1910.1006 Methyl chloromethyl ether | <input type="checkbox"/> 1910.1007 3,3'-Dichlorobenzidine (and its salts) | <input type="checkbox"/> 1910.1008 bis-Chloromethyl ether |
| <input type="checkbox"/> 1910.1009 beta-Naphthylamine | <input type="checkbox"/> 1910.1010 Benzidine | <input type="checkbox"/> 1910.1011 4-Aminodiphenyl | <input type="checkbox"/> 1910.1012 Ethyleneimine |
| <input type="checkbox"/> 1910.1013 beta-Propiolactone | <input type="checkbox"/> 1910.1014 2-Acetylaminofluorene | <input type="checkbox"/> 1910.1015 4-Dimethylaminoazobenzene | <input type="checkbox"/> 1910.1016 N-Nitrosodimethylamine |
| <input type="checkbox"/> 1910.1017 Vinyl chloride | <input type="checkbox"/> 1910.1018 Inorganic arsenic | <input checked="" type="checkbox"/> 1910.1025 Lead (Att. FLD# 46) | <input type="checkbox"/> 1910.1026 Chromium VI (att. FLD 53) |
| <input type="checkbox"/> 1910.1027 Cadmium (Att. 50 FLD) | <input type="checkbox"/> 1910.1028 Benzene (Att. FLD# 54 or 61) | <input type="checkbox"/> 1910.1029 Coke oven emissions | <input type="checkbox"/> 1910.1043 Cotton dust |
| <input type="checkbox"/> 1910.1044 1,2-Dibromo-3-chloropropane | <input type="checkbox"/> 1910.1045 Acrylonitrile | <input type="checkbox"/> 1910.1047 Ethylene oxide | <input type="checkbox"/> 1910.1048 Formaldehyde |
| <input type="checkbox"/> 1910.1050 Methylenedianiline | <input type="checkbox"/> 1910.1051 1,3 Butadiene | <input type="checkbox"/> 1910.1052 Methylene chloride | <input type="checkbox"/> 1926.60 Methylenedianiline |
| <input checked="" type="checkbox"/> 1926.62 Lead | <input type="checkbox"/> 1926.1101 Asbestos (Att. FLD 52) | <input type="checkbox"/> 1926.1127 Cadmium | |

| HEALTH AND SAFETY EVALUATION | |
|---|---|
| 2.1.3 Biological Hazards of Concern | |
| <input checked="" type="checkbox"/> Poisonous Plants (FLD 43-D) Location/Task No(s) All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Insects (FLD 43-B) Location/Task No(s) All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Snakes, Reptiles (FLD 43-A) Location/Task No(s) All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Animals (FLD 43-A) Location/Task No(s) All Source: <input checked="" type="checkbox"/> Known <input type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> Sewage Location/Task No(s).: Source: <input type="checkbox"/> Known <input type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No Tetanus Vaccination within Past 10 yrs: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Etiologic Agents (FLD -C)(List) Location/Task No(s).: Source: <input type="checkbox"/> Known <input type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FLD 43-C — Mold and Fungus. Att. OP <input type="checkbox"/> | |
| FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP <input checked="" type="checkbox"/> | |
| FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP <input type="checkbox"/> | |

| HEALTH AND SAFETY EVALUATION | | | | | | | | |
|------------------------------------|-------------------------------|------------------|-------------------------------|------------------|---------------------------------|-----------------------|-----------------------------|-----------------------|
| 2.1.4 Radiation Hazards of Concern | | | | | | | | |
| NONIONIZING RADIATION | | | | | | | | |
| Task No. | Type of Nonionizing Radiation | Source On-Site | TLV/PEL | Wavelength Range | Control Measures | Monitoring Instrument | | |
| All | Ultraviolet | Solar | N/A | N/A | Appropriate clothing/ sunscreen | None | | |
| | Infrared | N/A | | | | | | |
| | Radio Frequency | N/A | | | | | | |
| | Microwave | N/A | | | | | | |
| | Laser | N/A | | | | | | |
| IONIZING RADIATION | | | | | | | | |
| Task No. | Radionuclide | Major Radiations | Radioactive Half-Life (Years) | DAC (µCi/mL) | | | Surface Contamination Limit | Monitoring Instrument |
| | | | | D | W | Y | | |
| | | | | | | | | |

HEALTH AND SAFETY EVALUATION

2.1.5 Physical Hazards of Concern

| Physical Hazard Condition | Physical Hazard | Attach OP | WESTON OP Titles |
|-----------------------------|---|-------------------------------------|---|
| Loud noise | Hearing loss/disruption of communication | <input checked="" type="checkbox"/> | Section 7.0 - ECH&S Program Manual Occupational Noise & HC Program |
| Inclement weather | Rain/humidity/cold/ice/snow/lightning | <input checked="" type="checkbox"/> | FLD02 - Inclement Weather |
| Steam heat stress | Burns/displaced oxygen/wet working surfaces | <input type="checkbox"/> | FLD03 - Hot Process - Steam |
| Heat stress | Burns/hot surfaces/low pressure steam | <input type="checkbox"/> | FLD04 - Hot Process - LT3 |
| Ambient heat stress | Heat rash/cramps/exhaustion/heat stroke | <input checked="" type="checkbox"/> | FLD05 - Heat Stress Prevention/Monitoring |
| Cold stress | Hypothermia/frostbite | <input checked="" type="checkbox"/> | FLD06 - Cold Stress |
| Cold/wet | Trench/paddy/immersion foot/edema | <input type="checkbox"/> | FLD02 - Inclement Weather |
| Confined spaces | Falls/burns/drowning/engulfment/electrocution | <input type="checkbox"/> | FLD08 - Confined Space Entry |
| Industrial Trucks | Fork Lift Truck Safety | <input type="checkbox"/> | FLD09 - Powered Industrial Trucks |
| Improper lifting | Back strain/abdomen/arm/leg muscle/joint injury | <input type="checkbox"/> | FLD10 - Manual Lifting/Handling Heavy Objects |
| Uneven surfaces | Vehicle accidents/slips/trips/falls | <input checked="" type="checkbox"/> | FLD11 - Rough Terrain |
| Poor housekeeping | Slips/trips/falls/punctures/cuts/fires | <input checked="" type="checkbox"/> | FLD12 - Housekeeping |
| Structural integrity | Crushing/overhead hazards/compromised floors | <input type="checkbox"/> | FLD13 - Structural Integrity |
| Improper cylinder. handling | Mechanical injury/fire/explosion/suffocation | <input type="checkbox"/> | FLD16 - Pressure Systems - Compressed Gases |
| Water hazards | Poor visibility/entanglement/drowning/cold stress | <input type="checkbox"/> | FLD17 - Diving |
| Water hazards | Drowning/heat/cold stress/hypothermia/falls | <input type="checkbox"/> | FLD18 - Operation and Use of Boats |
| Water hazards | Drowning/frostbite/hypothermia/falls/electrocution | <input type="checkbox"/> | FLD19 - Working Over Water |
| Vehicle hazards | Struck by vehicle/collision | <input checked="" type="checkbox"/> | FLD20 - Traffic |
| Explosions | Explosion/fire/thermal burns | <input type="checkbox"/> | FLD21 - Explosives |
| Moving mechanical parts | Crushing/pinch points/overhead hazards/electrocution | <input type="checkbox"/> | FLD22 - Earth Moving Equipment |
| Moving mech. parts | Overhead hazards/electrocution | <input type="checkbox"/> | FLD23 - Cranes, Rigging, and Slings |
| Working at elevation | Overhead hazards/falls/electrocution | <input type="checkbox"/> | FLD24 - Aerial Lifts/Man lifts |
| Working at elevation | Overhead hazards/falls/electrocution | <input type="checkbox"/> | FLD25 - Working at Elevation |
| Working at elevation | Overhead hazards/falls/electrocution/slips | <input type="checkbox"/> | FLD26 - Ladders |
| Working at elevation | Slips/trips/falls/overhead hazards | <input type="checkbox"/> | FLD27 - Scaffolding |
| Trench cave-in | Crushing/falling/overhead hazards/suffocation | <input type="checkbox"/> | FLD28 - Excavating/Trenching |
| Physiochemical | Explosions/fires from oxidizing, flam./corr. material | <input type="checkbox"/> | FLD30 - Hazardous Materials Use/Storage |
| Physiochemical | Fire and explosion | <input type="checkbox"/> | FLD31 - Fire Prevention/Response Plan Required |
| Physiochemical | Fire | <input checked="" type="checkbox"/> | FLD32 - Fire Extinguishers Required |
| Structural integrity | Overhead/electrocution/slips/trips/falls/fire | <input type="checkbox"/> | FLD33 - Demolition |
| Electrical | Electrocution/shock/thermal burns | <input checked="" type="checkbox"/> | FLD34 - Utilities |
| Electrical | Electrocution/shock/thermal burns | <input type="checkbox"/> | FLD35 - Electrical Safety |
| Burns/fires | Heat stress/fires/burns | <input type="checkbox"/> | FLD36 - Welding/Cutting/Brazing/Radiography |
| Impact/thermal | Thermal burns/high pressure impaction/heat stress | <input type="checkbox"/> | FLD37 - Pressure Washers/Sand Blasting |
| Impaction/electrical | Smashing body parts/pinching/cuts/electrocution | <input type="checkbox"/> | FLD38 - Hand and Power Tools |
| Poor visibility | Slips/trips/falls | <input type="checkbox"/> | FLD39 - Illumination |
| Fire/explosion | Burns/impaction | <input type="checkbox"/> | FLD40 - Storage Tank Removal/Decommissioning |
| Communications | Disruption of communications | <input type="checkbox"/> | FLD41 - Std. Hand/Emergency Signals |
| Energy/release | Unexpected release of energy | <input type="checkbox"/> | FLD42 - Lockout/Tag-out |
| Biological Hazards | Biological Hazards at site | <input checked="" type="checkbox"/> | FLD43 - Biological Hazards |
| Animals | Animals | <input checked="" type="checkbox"/> | FLD43A - Animals |
| Insects | Stinging and Biting Insects | <input checked="" type="checkbox"/> | FLD43B - Stinging and Biting Insects |
| Molds/Fungi | Molds and Fungi | <input type="checkbox"/> | FLD43C - Molds and Fungi |
| Hazardous Plants | Hazardous Plants | <input checked="" type="checkbox"/> | FLD43D - Hazardous Plants |
| Etiologic Agents | Etiologic Agents | <input type="checkbox"/> | FLD43E - Etiologic Agents |
| Biological Hazards/BBP | Biological Hazards/BBP at site/First Aid Providers | <input checked="" type="checkbox"/> | FLD44 - Biological Hazards - Bloodborne Pathogens Exposure Control Plan - First Aid Providers |

2.1.5 Physical Hazards of Concern (Continued)

| Physical Hazard Condition | Physical Hazard | Attach OP | WESTON OP Titles |
|-----------------------------|---|-------------------------------------|--|
| Infectious Waste | Infectious Waste at site/BBP/ at site/Infectious Waste | <input type="checkbox"/> | FLD45 – Biological Hazards – Bloodborne Pathogens Exposure Control Plan – Work With Infectious Waste |
| Lead Contaminated sites | Lead poisoning | <input checked="" type="checkbox"/> | FLD46 - Control of Exposure to Lead |
| Puncture/cuts | Cuts/ dismemberment/gouges | <input type="checkbox"/> | FLD47 - Clearing, Grubbing and Logging Operations |
| Not applicable | Not applicable | <input checked="" type="checkbox"/> | FLD48 – Federal, State, Local Regulatory Agency Inspections |
| Not applicable | Exposure to hazardous materials/waste | <input checked="" type="checkbox"/> | FLD49 – Safe Storage of Samples |
| Cadmium | Exposure Control | <input type="checkbox"/> | FLD50 – Cadmium Exposure Control Plan |
| Process Safety Procedure | Safety Procedure | <input type="checkbox"/> | FLD51 – Process Safety Procedure |
| Asbestos | Asbestos Exposure | <input type="checkbox"/> | FLD52 – Asbestos Exposure Control Plan |
| Hexavalent Chromium | Exposure Control Plan | <input type="checkbox"/> | FLD53 – Hexavalent Chromium Exposure Control Plan |
| Benzene | Exposure Control Plan | <input type="checkbox"/> | FLD54 - <u>Benzene Exposure Control Plan</u> |
| Hydrofluoric acid | Working with HF | <input type="checkbox"/> | FLD55 – Working with Hydrofluoric Acid |
| Moving drill rig parts | Crushing/pinch points/overhead hazards/electrocution | <input checked="" type="checkbox"/> | FLD56 – Drilling Safety |
| Vehicles/driving | Accidents,/fatigue/cell phone use | <input checked="" type="checkbox"/> | FLD 57 – Motor Vehicle Safety |
| Improper material handling | Back injury/crushing from load shifts/equipment/tools | <input type="checkbox"/> | FLD 58 – Drum Handling Operations |
| COC decontamination | COCs/slip,trip, and falls/waste generation/environmental compliance/PPE | <input checked="" type="checkbox"/> | FLD59 - Decontamination |
| Drilling hazards | Electrocution/overhead hazards/pinch points | <input checked="" type="checkbox"/> | Environmental Remediation Drilling Safety Guideline - 2005 |
| Fatigue | Long work hours | <input type="checkbox"/> | FLD60 – Employee Duty Schedule |
| Benzene/Gasoline | Benzene exposure | <input type="checkbox"/> | FLD61 – Gasoline Contaminant Exposure |
| CPR & First aid procedures | Heart Attack | <input type="checkbox"/> | FLD62 – Automatic External Defibrillator (AED) Program |
| Ionizing Radiation Exposure | Working with XRF Analyzers | <input type="checkbox"/> | FLD63 – Using Handheld X-Ray Fluorescence Analyzers |

3. TASK BY TASK ASSESMENT

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.1 Task 1 Description

TASK 1: General Oversight/Documentation of the site.

EQUIPMENT REQUIRED/USED

| | |
|------------------|-------------------|
| Hard Hat | Digital Camera |
| Safety Glasses | Fire Extinguisher |
| Nitrile Gloves | BBP Kit |
| Steel Toed Boots | First Aid Kit |
| Log Book | Ear Plugs |

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Use proper PPE when handling soil. Routes of exposure include: ingestion, inhalation, penetration, absorption.

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

Hazards include: slip/trip/fall, driving, weather, heat stress and dehydration. Remain properly hydrated at all times.

Biological

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L

What justifies risk level?

Potential for poison plants and insects. Be aware of surroundings. Long pants, ivy block, and situational awareness of plant and animal life will be required.

RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

sunlight

LEVELS OF PROTECTION/JUSTIFICATION

Level D PPE will provide adequate protection

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.

| 3.1 TASK-BY-TASK RISK ASSESSMENT | |
|---|--|
| 3.1.2 Task 2 Description | |
| TASK 2: Provide oversight of drillers performing soil borings. | |
| EQUIPMENT REQUIRED/USED | |
| Hard Hat Safety Glasses Nitrile gloves Steel Toed Boots Camera | Logbook First Aid Kit BBP Kit Fire Extinguisher Ear plugs |
| POTENTIAL HAZARDS/RISKS | |
| Chemical | |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L What justifies risk level? Workers will practice good hygiene to remove any contaminated dust/soils from the skin prior to eating, drinking, and end of the day. Dust suppression will not be needed due to minimally invasive sampling techniques. Personnel will not eat, drink, or use tobacco products while working to prevent ingestion. | |
| Physical | |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L What justifies risk level? A small geoprobe will be used. Be aware of surroundings, wear ear plugs to protect hearing from machinery noise. Watch out for rough terrain, and keep in contact with other site personnel while working in remote areas of the sites. | |
| Biological | |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L What justifies risk level? The site is in an urban residential area and contains both inhabited and empty lots. Be aware of the presence of stray dogs and cats, reptiles, venomous insects, and poisonous plants. | |
| RADIOLOGICAL | |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L What justifies risk level? | |
| LEVELS OF PROTECTION/JUSTIFICATION | |
| Level D should adequately protect workers from all of the above risks. | |
| SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED | |
| All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures. | |

| 3.1 TASK-BY-TASK RISK ASSESSMENT | | | |
|---|--|--|--------------------------------------|
| 3.1.3 Task 3 Description | | | |
| TASK 3: Collect 5 point composite soil samples from soil borings. | | | |
| EQUIPMENT REQUIRED/USED | | | |
| Hard Hat Safety Glasses Steel Toed Boots Nitrile Gloves Camera | Logbook BBP Kit First Aid Kit Ear Plugs Fire Extinguisher | Sample Jars Plastic Bags Plastic Scoops Chains of Custody | Cooler Safety knife |
| POTENTIAL HAZARDS/RISKS | | | |
| Chemical | | | |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L What justifies risk level? Nitrile gloves will be protective of skin contact while handling the soils. Personnel will not eat or drink or use tobacco products while working to prevent ingestion. | | | |
| Physical | | | |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L What justifies risk level? A small geoprobe will be used. Be aware of surroundings, wear ear plugs to protect hearing from machinery noise. Watch out for rough terrain, and keep in contact with other site personnel while working in remote areas of the sites. | | | |
| Biological | | | |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L What justifies risk level? The site is in an urban residential area and contains both inhabited and empty lots. Be aware of the presence of stray dogs and cats, reptiles, venomous insects, and poisonous plants. | | | |
| RADIOLOGICAL | | | |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L What justifies risk level? | | | |
| LEVELS OF PROTECTION/JUSTIFICATION | | | |
| Level D should adequately protect workers from all of the above risks. | | | |
| SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED | | | |
| All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures. | | | |

| 3.1 TASK-BY-TASK RISK ASSESSMENT |
|---|
| 3.1.4 Task 4 Description |
| TASK 4: Data Management: Management of all samples and sample shipments. |
| EQUIPMENT REQUIRED/USED |
| Computer Safety Glasses Steel Toed Boots Nitrile Gloves Ziplock bags |
| POTENTIAL HAZARDS/RISKS |
| Chemical |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L What justifies risk level? Use of Proper PPE when handling samples |
| Physical |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L What justifies risk level? Slips trips and falls, heavy lifting. Good housekeeping will be used to eliminate hazards as possible. |
| Biological |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L What justifies risk level? The site is in an urban residential area and contains both inhabited and empty lots. Be aware of the presence of stray dogs and cats, reptiles, venomous insects, and poisonous plants. |
| RADIOLOGICAL |
| <input checked="" type="checkbox"/> Hazard Present Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L What justifies risk level? |
| LEVELS OF PROTECTION/JUSTIFICATION |
| Level D should adequately protect workers from all of the above risks. |
| SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED |
| All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures. |

3.2 PERSONNEL PROTECTION PLAN

Engineering Controls

Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s)

All Established work zones to protect worker and public safety.
 Good hygiene practices to minimize exposure.

Administrative Controls

Describe Administrative Controls used as part of Personnel Protection Plan:

Task(s)

All Utilize properly trained and qualified personnel.
 All Utilize One call prior to soil boring.
 All Conduct daily tailgate safety meetings to spread information concerning site hazards.

Personal Protective Equipment

Action Levels for Changing Levels of Protection. Refer to HASP Form 13, Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task:

Task(s)

All Level D PPE to include steel-toes shoes, reflective vest, and safety glasses
 As Hard hats, nitrile/latex gloves, leather gloves and hearing protection as necessary
 required

Description of Levels of Protection

| Level D | Level D Modified |
|--|---|
| Task(s): All <input checked="" type="checkbox"/> Head Hard Hat <input checked="" type="checkbox"/> Eye and Face Safety Glasses/Goggles <input checked="" type="checkbox"/> Hearing Ear plugs/muffs <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Appropriate Work Uniform <input checked="" type="checkbox"/> Hand – Gloves Nitrile Gloves <input checked="" type="checkbox"/> Foot - Safety Boots Steel Toed Boots <input type="checkbox"/> Fall Protection <input type="checkbox"/> Flotation <input type="checkbox"/> Other | Task(s): NA <input type="checkbox"/> Head <input type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Whole Body <input type="checkbox"/> Apron <input type="checkbox"/> Hand - Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Over Boots |

4. MONITORING PROGRAM

4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.1.1 Air Monitoring Instruments

Instrument Selection and Initial Check Record

Reporting Format: ☒ Field Notebook ☐ Field Data Sheets* ☐ Air Monitoring Log ☐ Trip Report ☐ Other

| Instrument | Task No.(s) | Number Required | Number Received | Checked Upon Receipt | Comment | Initials |
|---|-------------|-----------------|-----------------|--------------------------|---------|----------|
| <input type="checkbox"/> CGI | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> O ₂ | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> CGI/O ₂ | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> CGI/O ₂ /tox-PPM, H ₂ S/CO /O ₂ MultiRae) | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> RAD | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Ludlum | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> GM (Pancake) | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> NaI (Micro R) | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> ZnS (Alpha Scintillator) | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Other _____ | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> PID | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Mini Rae 2000 | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> TVA 1000 - PID/FID | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Multi Rae | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Other _____ | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> FID | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Thermo TVA 1000 - PID/FID | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Thermo TVA - FID only | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Heath, AID, Other | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> PDR 1000, Other _____ | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Single Gas Monitor | | | | <input type="checkbox"/> | | |
| Specify: _____ | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Personal Sampling | | | | <input type="checkbox"/> | | |
| Specify: _____ | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Bio-Aerosol Monitor | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Pump - Dräger | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Tubes/type: _____ | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Tubes/type: _____ | | | | <input type="checkbox"/> | | |
| <input type="checkbox"/> Other _____ | | | | <input type="checkbox"/> | | |

4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.1.1 Air Monitoring Instruments Calibration Record

[illegible]

4.2 SITE AIR MONITORING PROGRAM

Action Levels

These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors.

| | Tasks | Action Level | | Action |
|---|-------|--|-------------------------------|--|
| <input type="checkbox"/> Explosive atmosphere | | Ambient Air Concentration | Confined Space Concentration | |
| | | <10% LEL | 0 to 1% LEL | Work may continue. Consider toxicity potential. |
| | | 10 to 25% LEL | 1 to 10% LEL | Work may continue. Increase monitoring frequency. |
| | | >25% LEL | >10% LEL | Work must stop. Ventilate area before returning. |
| <input type="checkbox"/> Oxygen | | Ambient Air Concentration | Confined Space Concentration | |
| | | <19.5% O ₂ | <19.5% O ₂ | Leave area. Re-enter only with self-contained breathing apparatus. |
| | | 19.5% to 25% O ₂ | 19.5% to 23.5% O ₂ | Work may continue. Investigate changes from 21%. |
| | | >25% O ₂ | >23.5% O ₂ | Work must stop. Ventilate area before returning. |
| <input type="checkbox"/> Radiation | | < 3 times background | | Continue work. |
| | | 3 times background to < 1 mR/hour | | Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist. |
| <input type="checkbox"/> Organic gases and vapors | All | > 1 mrem/hour | | Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist. |
| | | | | VOC are not anticipated for this site, no site monitoring will be conducted. |
| <input type="checkbox"/> Inorganic gases, vapors, and particulates | All | 2.5 mg/m ³ AL (8-hr TWA) – this is half the OSHA PEL for respirable nuisance dust. The calculated AL using site specific COC is 3.3 mg/m ³ . | | Suppress dust with water and continue work. If readings are sustained above 2.5 mg/m ³ for more than 2 hours, shorter work hours may be used to reduce exposure. If readings exceed 3.3 mg/m ³ - STOP WORK and reassess. |

4.3 ACTION LEVELS

(Attach action level calculations)

Lead Action Level:

$$\frac{0.050 \text{ mg/m}^3}{0.00724 (2)} = 3.453 \text{ mg/m}^3$$

Calculations indicate the dust action level should be used.

Dust Action Level = 2.5 mg/m³ (half of the OSHA PEL)

5. HOSPITAL INFORMATION

5.1 CONTINGENCIES

5.1.1 Emergency Contacts and Phone Numbers

| Agency | Contact | Phone Number |
|--|--|---|
| Local Medical Emergency Facility (LMF) | St John Sapulpa | 918-224-4280 |
| WESTON Medical Emergency Contact During normal business hours WorkCare 300 S. Harbor Blvd., Ste. 600 Anaheim, CA 92805 | Dr. Peter Greaney Heather Lind Paula Sandrock 6:00 a.m. to 4: 30 p.m. PST | From 6 am to 4:30 pm Pacific Time call 800-455-6155 dial 0 or extension 475 (Heather Lind) or ext. 110 (Paula Sandrock) to request the on-call physician. |
| WESTON Medical Emergency Contact After normal business hours WorkCare 300 S. Harbor Blvd., Ste. 600 Anaheim, CA 92805 | Dr. Peter Greaney, Weston's Medical Director 4:31 p.m. to 5: 59 a.m. PST All day Saturday, Sunday and Holidays | 4:31 pm - 5:59 am Pacific Time, all day Saturday, Sunday and Holidays call 800-455-6155 dial 3 to reach the after-hours answering service. Request that the service connect you with the on-call clinician. Your call should be returned in 30 minutes |
| WESTON Health & Safety Safety Manager | Jim Davis | (334) 319-0380 (Cell) (251) 602-1898, ext. 2226 (office) |
| WESTON Health & Safety Local Safety Officer | Vanessa Trevino | 832-465-4999 |
| WESTON START Health & Safety Officer | Ben Latham | 972-213-6618 |
| WESTON START Program Manager | Robert Beck | 704-895-5222 (office) 210-392-2123 – (cell) |
| WESTON Readiness Coordinator | David Crow | 469-374-7750 (office) 972-978-6802 (Cell)) |
| National Response Center | | 1-800-424-8802 |
| Region 6 EPA Hotline | 866-EPA-SPILL | 1-866-372-7745 |
| OSHA Hotline | 1-800-321-OSHA | 1-800-321-6742 |
| Chem-Tel | 24-Hr Hotline | 1-888-255-3924 |
| ATSDR | | 1-800-232-4636 |
| ATF (explosives information) | | 1-800-800-3855 |
| Chemtrec | | 1-800-262-8200 |
| Fire Department / EMS | | 911 |
| Police Department | 911 | 911 |
| Poison Control | | 800-222-1222 |
| WESTON FSO Cell Phone | Derrick Cobb | 832-347-4180 |
| WESTON PM Cell Phone | Jeff Criner | (713) 444-4410 |

| Local Medical Emergency Facility(s) | | |
|--|---|--|
| Name of Hospital: St. John Sapulpa | | |
| Address: 1004 E. Bryan Ave | | Phone No.: 918-224-4280 |
| Name of Contact: ER Nurse | | Phone No.: 918-224-4280 |
| Type of Service: <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours | Route to Hospital: (See Attached) | Travel time from site: 10 minutes Distance to hospital: 4.1 miles Name/no. of 24-hr ambulance service: 911 |
| Secondary or Specialty Service Provider | | |
| Name of Hospital: Lyndon B Johnson General | | |
| Address: 5656 Kelley St Houston, TX 77026 | | Phone No.: 713-566-5000 |
| Name of Contact: ER Nurse | | Phone No.: 713-566-5000 |
| Type of Service: <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours | Route to Hospital (see attached): see map | Travel time from site: 29 minutes Distance to hospital: 23.1 miles Name/no. of 24-hr ambulance service: 911 |

See reporting an incident on page after hospital map.

5.1.2 Hospital Map

| 5.1 CONTINGENCIES | | | | |
|---|---|--|--|---|
| 5.1.3 Response Plans | | | | |
| Medical - General Provide first aid, if trained; assess and determine need for further medical assistance. Transport or arrange for transport after appropriate decontamination. | First Aid Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Blood Borne Pathogens Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Type Standard 20-man and infection control kit | Location In Vehicle | Special First-Aid Procedures: Cyanides on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, contact LMF. Do they have antidote kit? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Eyewash required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Type | Location | HF on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, need neutralizing ointment for first-aid kit. Contact LMF. |
| | Shower required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Type | Location | |
| Plan for Response to Spill/Release | | Plan for Response to Fire/Explosion | | Fire Extinguishers |
| In the event of a spill or release, ensure safety, assess situation, and perform containment and control measures, as appropriate. | a. Cleanup per MSDSs if small; or sound alarm, call for assistance, notify Emergency Coordinator b. Evacuate to pre-determined safe place c. Account for personnel d. Determine if team can respond safely e. Mobilize per Site Spill Response Plan | In the event of a fire or explosion, ensure personal safety, assess situation, and perform containment and control measures, as appropriate: | a. Sound alarm and call for assistance, notify Emergency Coordinator b. Evacuate to predetermined safe place c. Account for personnel d. Use fire extinguisher <u>only if safe and trained in its use</u> e. Stand by to inform emergency responders of materials and conditions | Type/Location <u>ABC/Vehicle</u> / / / / / / |
| Description of Spill Response Gear | Location | Description (Other Fire Response Equipment) | | Location |
| Plan to Respond to Security Problems Call 911 and always use the buddy system. Keep other field team members informed of your location on site. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6. DECONTAMINATION PLAN

6.1 GENERAL DECONTAMINATION PLAN

Personnel Decontamination

Consistent with the levels of protection required, step-by-step procedures for personnel decontamination for each level of protection are attached.

All personnel should wash hands and face at each break and before eating, drinking, or smoking.

Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

☐

Level B

☐

Level C

☒

Level D

Modifications include:

Disposition of Decontamination Wastes

Provide a description of waste disposition including identification of storage area, hauler, and final disposal site, if applicable

Any waste generated during site activities will consist of IDW (acetate liners, nitrile gloves, and rinsate water).

Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

No heavy machinery will be utilized during these tasks.

Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

All sampling equipment will either be decontaminated using non-phosphate soap and then rinsed in deionized water; or will be single use items that will be thrown away after use.

6.2 LEVEL D DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

| Function | Description of Process, Solution, and Container |
|--|---|
| <input type="checkbox"/> Segregated equipment drop | |
| <input type="checkbox"/> Boot cover and glove wash | |
| <input type="checkbox"/> Boot cover and glove rinse | |
| <input type="checkbox"/> Tape removal - outer glove and boot | |
| <input type="checkbox"/> Boot cover removal | |
| <input checked="" type="checkbox"/> Outer glove removal | Replace outer gloves after each sample at a minimum. Wash hands and forearms as necessary, prior to eating or drinking and at the end of the day. |

HOTLINE

| |
|---|
| <input type="checkbox"/> Suit/safety boot wash |
| <input type="checkbox"/> Suit/boot/glove rinse |
| <input type="checkbox"/> Safety boot removal |
| <input type="checkbox"/> Suit removal |
| <input type="checkbox"/> Inner glove wash |
| <input type="checkbox"/> Inner glove rinse |
| <input type="checkbox"/> Inner glove removal |
| <input type="checkbox"/> Inner clothing removal |

CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY

| |
|-------------------------------------|
| <input type="checkbox"/> Field wash |
| <input type="checkbox"/> Redress |

Disposal Plan, End of Day:

Trash bags, disposed of with IDW drums.

Disposal Plan, End of Week:

Disposal Plan, End of Project:

6.3 LEVEL C DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

| Function | Description of Process, Solution, and Container |
|--|---|
| <input type="checkbox"/> Segregated equipment drop | |
| <input type="checkbox"/> Boot cover and glove wash | |
| <input type="checkbox"/> Boot cover and glove rinse | |
| <input type="checkbox"/> Tape removal - outer glove and boot | |
| <input type="checkbox"/> Boot cover removal | |
| <input type="checkbox"/> Outer glove removal | |
| HOTLINE | |
| <input type="checkbox"/> Suit/safety boot wash | |
| <input type="checkbox"/> Suit/boot/glove rinse | |
| <input type="checkbox"/> Safety boot removal | |
| <input type="checkbox"/> Suit removal | |
| <input type="checkbox"/> Inner glove wash | |
| <input type="checkbox"/> Inner glove rinse | |
| <input type="checkbox"/> Facepiece removal | |
| <input type="checkbox"/> Inner glove removal | |
| <input type="checkbox"/> Inner clothing removal | |
| CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY | |
| <input type="checkbox"/> Field wash | |
| <input type="checkbox"/> Redress | |
| Disposal Plan, End of Day: | |
| Disposal Plan, End of Week: | |
| Disposal Plan, End of Project: | |

| 6.4 LEVEL B DECONTAMINATION PLAN | |
|---|---|
| Check indicated functions or add steps, as necessary: | |
| Function | Description of Process, Solution, and Container |
| <input type="checkbox"/> Segregated equipment drop | |
| <input type="checkbox"/> Boot cover and glove wash | |
| <input type="checkbox"/> Boot cover and glove rinse | |
| <input type="checkbox"/> Tape removal - outer glove and boot | |
| <input type="checkbox"/> Boot cover removal | |
| <input type="checkbox"/> Outer glove removal | |
| HOTLINE | |
| <input type="checkbox"/> Suit/safety boot wash | |
| <input type="checkbox"/> Suit/SCBA/boot/glove rinse | |
| <input type="checkbox"/> Safety boot removal | |
| <input type="checkbox"/> Remove SCBA backpack without disconnecting | |
| <input type="checkbox"/> Splash suit removal | |
| <input type="checkbox"/> Inner glove wash | |
| <input type="checkbox"/> Inner glove rinse | |
| <input type="checkbox"/> SCBA disconnect and facepiece removal | |
| <input type="checkbox"/> Inner glove removal | |
| <input type="checkbox"/> Inner clothing removal | |
| CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY | |
| <input type="checkbox"/> Field wash | |
| <input type="checkbox"/> Redress | |
| Disposal Plan, End of Day: | |
| Disposal Plan, End of Week: | |
| Disposal Plan, End of Project: | |

7. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET

7.1 TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

| | |
|---|--|
| <input checked="" type="checkbox"/> Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 (l) | <input type="checkbox"/> Level A |
| <input checked="" type="checkbox"/> Physical hazards, HASP Form 07 | <input type="checkbox"/> Level B |
| <input checked="" type="checkbox"/> Chemical hazards, HASP Form 04 | <input type="checkbox"/> Level C |
| <input checked="" type="checkbox"/> Animal bites, stings, and poisonous plants | <input checked="" type="checkbox"/> Level D |
| <input type="checkbox"/> Etiologic (infectious) agents | <input type="checkbox"/> Monitoring, 29 CFR 1910.120 (h) |
| <input checked="" type="checkbox"/> Site control, 29 CFR 1910.120 (d) | <input checked="" type="checkbox"/> Decontamination, 29 CFR 1910.120 (k) |
| <input checked="" type="checkbox"/> Engineering controls and work practices, 29 CFR 1910.120 (g) | <input type="checkbox"/> Emergency response, 29 CFR 1910.120 (l) |
| <input type="checkbox"/> Heavy machinery | <input type="checkbox"/> Elements of an emergency response, 29 CFR 1910.120 (l) |
| <input type="checkbox"/> Forklift | <input type="checkbox"/> Procedures for handling site emergency incidents, 29 CFR 1910.120 (l) |
| <input type="checkbox"/> Backhoe | <input type="checkbox"/> Off-site emergency response, 29 CFR 1910.120 (l) |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Handling drums and containers, 29 CFR 1910.120 (j) |
| <input checked="" type="checkbox"/> Tools | <input type="checkbox"/> Opening drums and containers |
| <input type="checkbox"/> Ladder, 29 CFR 1910.27 (d)/29 CFR 1926 | <input type="checkbox"/> Electrical material handling equipment |
| <input checked="" type="checkbox"/> Overhead and underground utilities | <input type="checkbox"/> Radioactive waste |
| <input type="checkbox"/> Scaffolds | <input type="checkbox"/> Shock-sensitive waste |
| <input type="checkbox"/> Structural integrity | <input type="checkbox"/> Laboratory waste packs |
| <input type="checkbox"/> Unguarded openings - wall, floor, ceilings | <input type="checkbox"/> Sampling drums and containers |
| <input type="checkbox"/> Pressurized air cylinders | <input type="checkbox"/> Shipping and transport, 49 CFR 172.101, IATA |
| <input checked="" type="checkbox"/> Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134 | <input type="checkbox"/> Tank and vault procedures |
| <input type="checkbox"/> Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2 | <input type="checkbox"/> Illumination, 29 CFR 1910.120 (m) |
| <input type="checkbox"/> Working over water FLD-19 <input type="checkbox"/> | <input type="checkbox"/> Sanitation, 29 CFR 1910.120 (n) |
| <input type="checkbox"/> Boating safety FLD-18 | <input checked="" type="checkbox"/> Exposure to lead |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Heat Stress | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> Proper lifting techniques | <input type="checkbox"/> |

7.2 HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM

Site Name: Wilcox Oil

WO#: 20406.012.005.0919.01

Address: 221st St. South/ Refinery Road

I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).

Name

Signature

Date _____

[illegible]

ATTACHMENT A
CHEMICAL CONTAMINANTS DATA SHEETS

ATTACHMENT B
MATERIAL SAFETY DATA SHEETS
(ATTACH MSDS)

ATTACHMENT C

SAFETY PROCEDURES/FIELD OPERATING PROCEDURES (FLD OPS)

ATTACHMENT D
HAZARD COMMUNICATION PROGRAM

SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

Location-Specific Hazard Communication Program/Checklist

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to effect compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON are known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site.

- ☒ Site or other location name/address: Wilcox Oil
- ☒ Site/Project/Location Manager: Jeff Criner
- ☒ Site/Location Safety Officer: Derrick Cobb
- ☒ List of chemicals compiled, format: ☒ HASP ☐ Other: _____
- ☒ Location of MSDS files: HASP
- ☐ Training conducted by: Name: _____ Date: _____
- ☐ Indicate format of training documentation: ☐ Field Log ☐ Other: _____
- ☐ Client briefing conducted regarding hazard communication: _____
- ☒ If multi-employer site (client, subcontractor, agency, etc.), indicate name of affected companies:
US EPA, WESTON Solutions, TBD
- ☐ Other employer(s) notified of chemicals, labeling, and MSDS information: _____
- ☐ Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary? ☐ Yes ☐ No

List of Hazardous Chemicals

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the MSDSs. Further information on each chemical may be obtained by reviewing the appropriate MSDS. The list will be arranged to enable cross-reference with the MSDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

Container Labeling

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing MSDSs and other information with label information to ensure correctness.

Material Safety Data Sheets (MSDSs)

The SO is responsible for establishing and monitoring WESTON's MSDS program for the location. The SO will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is passed on to the affected employees. If an MSDS is not received at the time of initial shipment, the SO will call the manufacturer and have an MSDS delivered for that product in accordance with the requirements of WESTON's Written Hazard Communication Program.

A log for, and copies of, MSDSs for all hazardous chemicals in use will be kept in the MSDS folder at a location known to all site workers. MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the WESTON SO or the designated alternate. When a revised MSDS is received, the SO will immediately replace the old MSDS.

Employee Training and Information

The SO is responsible for the WESTON site-specific personnel training program. The SO will ensure that all program elements specified below are supplied to all affected employees.

At the time of initial assignment for employees to the work site, or whenever a new hazard is introduced into the work area, employees will attend a health and safety meeting or briefing that includes the information indicated below.

- Hazardous chemicals present at the work site.
- Physical and health risks of the hazardous chemicals.
- The signs and symptoms of overexposure.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- Location of the MSDS file and Written Hazard Communication Program.
- How to determine the presence or release of hazardous chemicals in the employee's work area.
- How to read labels and review MSDSs to obtain hazard information.
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals.
- How to reduce or prevent exposure to hazardous chemicals through the use of controls procedures, work practices, and personal protective equipment.
- Hazardous, nonroutine tasks to be performed (if any).
- Chemicals within unlabeled piping (if any).

Hazardous Nonroutine Tasks

When employees are required to perform hazardous nonroutine tasks, the affected employee(s) will be given information by the SO about the hazardous chemicals he or she may use during such activity. This information will include specific chemical hazards, protective and safety measures the employee can use, and steps WESTON is using to reduce the hazards. These steps include, but are not limited to, ventilation, respirators, presence of another employee, and emergency procedures.

Chemicals in Unlabeled Pipes

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee will contact the SO, at which time information as to the chemical(s) in the pipes, potential hazards of the chemicals or the process involved, and the safety precautions that should be taken will be determined and presented.

Multi-Employer Work Sites

It is the responsibility of the SO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed, along with suggested safety precautions. It is also the responsibility of the SO and the Site Manager to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed. WESTON's chemical listing will be made available to other employers, as requested. MSDSs will be available for viewing, as necessary.

The location, format, and/or procedures for accessing MSDS information must be relayed to affected employees.

ATTACHMENT E
AIR SAMPLING DATA SHEETS

SITE AIR MONITORING PROGRAM

Field Data Sheets

Location:

| % LEL | % O ₂ | PID (units) | FID (units) | Aerosol Monitor (mg/m ³) | GM: Shield Probe/ Thin Window | | NaI (uR/hr) | ZnS (cpm) |
|--------------------|------------------|--------------|-------------|--------------------------------------|-------------------------------|-------|-------------|-----------|
| | | | | | mR/hr | cpm | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Monitox (ppm) | | | | Detector Tube(s) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Sound Levels (dBA) | | Illumination | pH | Other | Other | Other | Other | Other |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Location:

| % LEL | % O ₂ | PID (units) | FID (units) | Aerosol Monitor (mg/m ³) | GM: Shield Probe/ Thin Window | | NaI (uR/hr) | ZnS (cpm) |
|--------------------|------------------|--------------|-------------|--------------------------------------|-------------------------------|-------|-------------|-----------|
| | | | | | mR/hr | cpm | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Monitox (ppm) | | | | Detector Tube(s) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Sound Levels (dBA) | | Illumination | pH | Other | Other | Other | Other | Other |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| AIR MONITORING/SAMPLING DATA LOG | | | | | |
|--|----------------------------------|---|-----------------------|--|---------------|
| Client: | | W.O. No.: | | Sample No.: | |
| Address: | | Sampled By: | | Date: | |
| Employee and Location Information | | | | | |
| Employee Name: | | Employee No.: | | Job Title: | |
| Respirator <input type="checkbox"/> APR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face <input type="checkbox"/> PAPR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Hood <input type="checkbox"/> SAR <input type="checkbox"/> ½ Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Hood <input type="checkbox"/> SCBA | | Manufacturer: | | Cartridge Type: | |
| PPE: <input type="checkbox"/> Hard Hat <input type="checkbox"/> HPD <input type="checkbox"/> Gloves <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Coveralls <input type="checkbox"/> Other: | | | | | |
| Sampling Data | | | | | |
| Sampling Type: <input type="checkbox"/> Personal <input type="checkbox"/> TWA <input type="checkbox"/> STEL <input type="checkbox"/> Area <input type="checkbox"/> Source <input type="checkbox"/> Full Shift <input type="checkbox"/> Partial Shift <input type="checkbox"/> Grab | | Media: | | Pump Type/Serial No.: / | |
| Calibrator/Serial No.: / | | Pre-Calibration: 1. 2. 3. avg-pre: | | Post-Calibration: 1. 2. 3. avg-post: | |
| Start Time: | Restart Time: | Restart Time: | Avg. Flowrate: | % Change: | |
| 1st Stop Time: | 2nd Stop Time: | 3rd Stop Time: | Total Time: | Volume: | |
| Multiple Samples for this TWA: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Multiple Chemical Exposures: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Exposure Time: <input type="checkbox"/> Normal <input type="checkbox"/> Worst Case | |
| Sampling Conditions | | | | | |
| Weather Conditions: Temp: R.H: B.P.: Other: | | | | | |
| Engineering Controls: | | | | | |
| Substances Evaluated | | | | | |
| Substance | Result | Substance | Result | Substance | Result |
| | | | | | |
| | | | | | |
| | | | | | |
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| Observations and Comments | | | | | |
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QA by: _____

Date: _____

ATTACHMENT F INCIDENT REPORTING

Windows Internet Explorer window titled ". Welcome to NOITrack.: - Windows Internet Explorer". The address bar shows "http://prdnet/noitrack/IncidentInfo.aspx". The browser interface includes standard menus (File, Edit, View, Favorites, Tools, Help) and toolbars (Google, Search, Bookmarks, Check, AutoFill, Sign In). The NOITrack application header features a banner image and navigation tabs: Open NOI's, Search, Add New Incident, Reports, Admin, Help, and Blog.

The main content area displays the "Incident Info" tab, which includes sub-tabs: Incident Info, Individual Data, Investigation, and File Attachment. A checkbox for "Near Incident" is present, along with the instruction "Fields marked with * are required".

| Security | Safety | Computer | Other |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Threat or Intimidation | <input type="checkbox"/> Vehicle | <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Act of Violence | <input type="checkbox"/> Injury | <input checked="" type="checkbox"/> Other | <input type="checkbox"/> Property/Equipment Damage |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Illness | | <input type="checkbox"/> Regulatory Agency |
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Exposure | | <input type="checkbox"/> Other |
| <input type="checkbox"/> Violation of Company or Government Security Requirements | <input type="checkbox"/> Other Safety | | |
| <input type="checkbox"/> Other Security | | | |

Below the table, a text area is labeled "Was this a single event or the latest in a series(describe)?". A note specifies: "Note: This description is limited to 255 characters. If more information is required, add the information in the submitted description."

At the bottom, there are input fields for "Date of Incident *" and "Time of Incident *", each with a calendar icon and a "Unknown" checkbox. The status bar at the bottom indicates "Done", "Local intranet", and "100%".

Please go to NOITrack using the following link to complete incident reporting. If you are in the field and do not have access to NOITrack, please contact someone in your office to do the reporting for you.

<http://prdnet/noitrack/IncidentInfo.aspx>

Questions can be directed to Susan Hipp-Ludwick at 610.701.3046 or Matt Dillon at 610.701.3667

ATTACHMENT G
AHA CHECKLIST AND ENVIRONMENTAL COMPLIANCE

| | | | | | | | | | |
|---|-----------------------------|-------------------------------------|---|-------------------------------------|--------------------------|---|------------------------|-------------------------------------|----------------------------|
| HAZARD CHECKLIST Site Manager/EHS Officer: | | | | | | Task Team (name or reference via daily sign-in sheet) | | | |
| Date: | | | | | | | | | |
| Location: | | | | | | | | | |
| Address: | | | | | | | | | |
| HAZARDS IDENTIFIED (check those applicable) | | | | | | | | | |
| | Chemical | | Biological | | Physical | | Aerial lifts | | Remote Areas |
| <input type="checkbox"/> | Flammable/combustible | <input type="checkbox"/> | Insects | <input checked="" type="checkbox"/> | Noise | <input type="checkbox"/> | Man. Material Handling | <input type="checkbox"/> | Materials handling |
| <input type="checkbox"/> | Corrosive | <input checked="" type="checkbox"/> | Animals | <input checked="" type="checkbox"/> | Heat | <input type="checkbox"/> | Demolition | <input type="checkbox"/> | High Pressure Washers |
| <input type="checkbox"/> | Oxidizer | <input type="checkbox"/> | Plants | <input type="checkbox"/> | Cold | <input type="checkbox"/> | Excavation | <input type="checkbox"/> | Hand and Power Tools |
| <input type="checkbox"/> | Reactive | <input type="checkbox"/> | Mold/Fungus | <input type="checkbox"/> | Inclement Weather | <input type="checkbox"/> | Pile Driving | <input type="checkbox"/> | Low Illumination |
| <input type="checkbox"/> | Toxic | <input type="checkbox"/> | Viral/Bacterial | <input type="checkbox"/> | Hot Work | <input type="checkbox"/> | Welding/Cutting/Burn | <input type="checkbox"/> | Drilling & Boring |
| <input type="checkbox"/> | Inhalation | <input type="checkbox"/> | Density Gauges | <input type="checkbox"/> | Confined Spaces | <input type="checkbox"/> | Hot Surfaces | <input type="checkbox"/> | Striking against/Struck-by |
| <input type="checkbox"/> | Eyes/Skin | <input type="checkbox"/> | Radiological | <input type="checkbox"/> | Stored hazardous Energy | <input type="checkbox"/> | Hot Materials | <input type="checkbox"/> | Caught-in/Caught between |
| <input type="checkbox"/> | Pesticides | <input type="checkbox"/> | Ultra-Violet | <input type="checkbox"/> | Elevation | <input type="checkbox"/> | Rough Terrain | <input type="checkbox"/> | Pushing/pulling |
| <input checked="" type="checkbox"/> | Carcinogen | <input checked="" type="checkbox"/> | Sunlight | <input type="checkbox"/> | Utilities | <input type="checkbox"/> | Compressed Gases | <input type="checkbox"/> | Falls at same level |
| <input type="checkbox"/> | Asbestos | <input type="checkbox"/> | Infrared | <input type="checkbox"/> | Machinery | <input type="checkbox"/> | Hazardous Mat. Storage | <input type="checkbox"/> | Falls from elevation |
| <input checked="" type="checkbox"/> | Lead | <input type="checkbox"/> | Lasers | <input type="checkbox"/> | Mobile equipment | <input type="checkbox"/> | Diving | <input type="checkbox"/> | Repetitive motion |
| <input type="checkbox"/> | UXO/OE/ CWM | <input type="checkbox"/> | XRF | <input type="checkbox"/> | Cranes | <input type="checkbox"/> | Operation of Boats | <input type="checkbox"/> | High (>110v) Electricity |
| <input type="checkbox"/> | Process Safety | <input type="checkbox"/> | Isotopes | <input type="checkbox"/> | Manual Material Handling | <input type="checkbox"/> | Working Over Water | <input type="checkbox"/> | Slippery surface Ice/Snow |
| <input type="checkbox"/> | Applying Paint/Coatings | <input type="checkbox"/> | | <input type="checkbox"/> | Ladders | <input type="checkbox"/> | Traffic | <input type="checkbox"/> | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | Scaffolding | <input type="checkbox"/> | Site Security | <input type="checkbox"/> | |
| REQUIRED PROTECTION (check those applicable) | | | | | | | | | |
| | Engineering Controls | | Administrative Control | | PPE | | | Contingency | |
| <input type="checkbox"/> | Guard Rails | <input type="checkbox"/> | Qualified for task | <input type="checkbox"/> | Air Supplying Respirator | <input type="checkbox"/> | Tyvek coveralls | <input type="checkbox"/> | Emergency Signal Known |
| <input type="checkbox"/> | Machine Guards | <input checked="" type="checkbox"/> | Trained/Certified | <input type="checkbox"/> | Air Purifying Respirator | <input type="checkbox"/> | Coated Coveralls | <input type="checkbox"/> | Eye wash/shower Location |
| <input type="checkbox"/> | Sound Barriers | <input type="checkbox"/> | Hot Work Permit | <input type="checkbox"/> | SCBA | <input type="checkbox"/> | Welding leathers | <input checked="" type="checkbox"/> | First Aid Kit Location |
| <input type="checkbox"/> | Enclosure | <input type="checkbox"/> | CSE Permit | <input checked="" type="checkbox"/> | Hard Hat | <input type="checkbox"/> | CWM | <input checked="" type="checkbox"/> | Fire Extinguisher Location |
| <input type="checkbox"/> | Elevation | <input type="checkbox"/> | Lockout/Tag Out | <input checked="" type="checkbox"/> | Ear Plugs | <input checked="" type="checkbox"/> | Safety Shoes/Boots | <input type="checkbox"/> | Spill Kit Location |
| <input type="checkbox"/> | Isolation | <input type="checkbox"/> | Work Permit | <input type="checkbox"/> | Ear Muffs | <input type="checkbox"/> | Rubber Boots | <input type="checkbox"/> | Severe weather shelter |
| <input type="checkbox"/> | GFCI | <input checked="" type="checkbox"/> | Dig Safe Permit | <input type="checkbox"/> | Safety Glasses | <input checked="" type="checkbox"/> | Gloves | <input type="checkbox"/> | Evacuation Routes |
| <input type="checkbox"/> | Assured Ground Program | <input type="checkbox"/> | Contingency Plan | <input type="checkbox"/> | Goggles | <input type="checkbox"/> | Cooling Suits | | |
| <input type="checkbox"/> | Apply Anti-slip/skid Mat | <input type="checkbox"/> | Critical Lift Plans | <input type="checkbox"/> | Chemical Goggles | <input type="checkbox"/> | Ice Vests | | |
| X | Dust Suppression | <input type="checkbox"/> | Equip. Inspection Sheets | <input type="checkbox"/> | Face Shield | <input type="checkbox"/> | Radiant heat Suits | | |
| | | | | <input type="checkbox"/> | Thermal Shield | <input type="checkbox"/> | Fall Arrest | | |
| | | | | <input type="checkbox"/> | Welding Mask | <input type="checkbox"/> | PFD | | |
| | | | | <input type="checkbox"/> | Cutting Glasses | <input type="checkbox"/> | Electrical insulation | | |
| Any Modification to Tasks (list) | | | Other tasks or activities that may affect my activity | | | Reasons for any changes indicated above | | | |
| | | | | | | | | | |

Environmental Compliance Considerations:

| | | | |
|-------------------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Generation of Hazardous Waste* | <input type="checkbox"/> | →Waste Identification & Manifesting - Marking, Placarding, Labeling |
| <input checked="" type="checkbox"/> | Generation of Investigation Derived Waste* | <input type="checkbox"/> | →Training & Licensing for Use of Radioactive Materials/Sources |
| <input type="checkbox"/> | Treatment, Storage, or Disposal of Hazardous Waste* | <input type="checkbox"/> | → Containers: dated, labeled, closed, full, stored less than 90 days |
| <input type="checkbox"/> | Contingency to prevent or contain hazardous materials or oil spills or discharges to drains, body of water, soil* | <input type="checkbox"/> | → Risk of explosion or catastrophic release due to chemical storage or processing involving reactivity, flammables, solvents or explosives |
| <input type="checkbox"/> | Disturbing of Asbestos Containing Materials (ACM)* | <input type="checkbox"/> | →Training & Licensing for Asbestos Remediation Activities |
| <input type="checkbox"/> | Application of Pesticides or Herbicides* | <input type="checkbox"/> | |
| <input type="checkbox"/> | Work on Above or Under-ground Storage Tanks* | <input type="checkbox"/> | |
| <input type="checkbox"/> | Transportation, Storage or Disposal of Radioactive Material* | <input type="checkbox"/> | |
| <input type="checkbox"/> | Activities producing or generating Air Emissions (or fugitive "fence-line" emissions) requiring either monitoring and/or permit* | <input type="checkbox"/> | |
| <input type="checkbox"/> | Excavations, Drilling, Probing or other activities that could impact underground utilities, pipelines, sewer or treatment systems. | <input type="checkbox"/> | |
| <input type="checkbox"/> | Shipment of Hazardous Waste off-site* | <input type="checkbox"/> | |
| <input type="checkbox"/> | Shipment of Samples in accordance with DOT/IATA | <input type="checkbox"/> | |

* Indicates need for an environmental compliance plan.

ATTACHMENT H AUDIT FORMS

ATTACHMENT I
ENVIRONMENTAL HEALTH & SAFETY INSPECTION CHECKLIST

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

Project Name: May Cooperage, Inc.

Inspector: _____

Submit to: _____

Date: _____

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

THE WESTON SITE APPEARANCE

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the site secured to prevent inadvertent, unnecessary, or unauthorized access? Are gates closed and locked at any time that the access point is not occupied or visible to site workers? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are access points posted with signs to indicate client and end-user client name, WESTON's name and logo, names of other contractors and sub-contractors, project name and location, and appropriate safety messages? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are required postings in place (e.g., Labor Poster, Emergency Phone Numbers, Site Map, etc.)? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are site trailers tied down per local code and provided with stairs that have a landing platform with guard and stair railings? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a Site Safety file system established in the office to maintain records required by applicable safety regulations | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Health and Safety Plan (HASP) or Accident Prevention Plan (APP) amended as scope of work changes, hazards are discovered or eliminated or if risk change? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the Site Safety Plan and the Safety Officers Field Manual on site? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is new employee indoctrination provided? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have site Rules been provided, discussed and signed off on by all employees | |
| <input type="checkbox"/> | <input type="checkbox"/> | Incident Reporting procedure explained to all? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is site management trained in the WESTON (and client as applicable) Incident Reporting system? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are NOI and Supplemental Report forms and OSHA 300 Log available on site? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is Site Management aware of the Case Management and Incident Investigation Procedures? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a list of preferred provider medical facilities available? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the "Inspection By A Regulatory Agency" procedure been reviewed by all site management? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Will Competent Persons be required because of activities to be performed, equipment to be used or hazards to be encountered? | |

POLICIES

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Each individual employee is aware that he or she responsible for complying with applicable safety requirements, wearing prescribed safety equipment and preventing avoidable accidents. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do employees understand that they will wear clothing suitable for existing weather and work conditions and the minimum work uniform will include long pants, sleeved work shirts, protective footwear, hard hat, and safety glasses unless otherwise specified via the HASP. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are employees provided safety and health training to enable them to perform their work safely ? Is all training documented to indicate the date of the session, topics covered, and names of participants? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety meetings are conducted daily. The purpose of the meetings are to review past activities, review pertinent tailgate safety topics and establish safe working procedures for anticipated hazards encountered during the day. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Training has been provided to all personnel regarding handling of emergency situations that may arise from the activity or use of equipment on the project. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees/contractors are informed and understand that they may not be under the influence of alcohol, narcotics, intoxicants or similar mind-altering substances at any time. Employees found under the influence of or consuming such substances will be immediately removed from the job site. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Site workers and operators of any equipment or vehicles are able to read and understand the signs, signals and operating instructions of their use. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have contractors performing work provided copies of relevant documentation (such as medical fit-for-duty, training certificates, fit-tests, etc.) prior to initiation of the project? | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

SANITATION 29 CFR 1926 Subparts C, D. EM 385-1-1, Section 2

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is an adequate supply of drinking water provided. Is potable/drinking water labeled as such? Are there sufficient drinking cups provided? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a sufficient number of toilets? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are washing facilities readily available and appropriate for the cleaning needs? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are washing facilities kept sanitary with adequate cleansing and drying materials? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste is secured so as not to attract rodents, insects or other vermin? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is an effective housekeeping program established and implemented? | |

ACCIDENT PREVENTION SIGNS, TAGS, LABELS, SIGNALS, AND PIPING SYSTEM IDENTIFICATION 29 CFR 1926 Subpart G. EM 385-1-1, Section 8

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are signs, tags, and labels provided to give adequate warning and caution of hazards and instruction/directions to workers and the public? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all employees informed as to the meaning of the various signs, tags and labels used in the workplace and what special precautions are required?. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are construction areas posted with legible traffic signs at points of hazard? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are signs required to be seen at night lighted or reflectorized? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tags contain a signal word ("danger" or "caution") and a major message to indicate the specific hazardous condition or the instruction to be communicated to the employee. Tags follow requirements as outlined in 29 CFR 1926.200. | |

MEDICAL SERVICES AND FIRST AID 29 CFR 1926 Subparts C, D. EM 385-1-1, Section 3

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is a local medical emergency facility (LMEF) identified in the HASP or APP? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the LMEF been visited to verify the directions and establish contacts? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Has site management reviewed WESTON's incident management procedures? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have clinics and specialists that will help WESTON manage injuries and illnesses been identified? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there at least two (2) people certified in First Aid and CPR? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are first aid kits available at the command post and appropriate remote locations? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are first Aid Kits and Eyewash/Safety Showers inspected weekly? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are 15 minute eyewash/safety showers in place if required. | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

FIRE PREVENTION AND PROTECTION 29 CFR 1926 Subpart F. EM 385-1-1, Section 9

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is an Emergency Response and Contingency Plan in place? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are emergency phone numbers posted? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fire extinguishers selected and provided based on the types of materials and potential fire classes in each area. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fire extinguishers provided in each administrative and storage trailer, within 50 ft but no closer than 25 ft of any fuel or flammable liquids storage, on welding and cutting equipment, on mechanical equipment? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fire extinguishers checked daily and inspected monthly? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do site personnel know the location of fire extinguishers and how to use them? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are flammable and combustible liquids stored in approved containers? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety cans are used for dispensing flammable or combustible liquids in 5 gallon or less volumes. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are flammable and combustible liquids stored in flammable storage cabinets or appropriate storage areas? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are flammable materials separated from oxidizers by at least 20 feet (or 5 foot tall, ½ -hour rated fire wall) when in storage? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fuel storage tanks double walled or placed in a lined berm? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Spills are cleaned up immediately and wastes are disposed of properly. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Combustible scrap, debris and waste material (oily rags) are stored in closed metal containers and disposed of promptly. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicle fueling tanks are grounded and bonding between the tank and vehicle being fueled is provided? | |
| <input type="checkbox"/> | <input type="checkbox"/> | LPG is stored, handled and used according to OSHA regulations 29 CFR 1926. | |
| <input type="checkbox"/> | <input type="checkbox"/> | LPG cylinders are not stored indoors. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a hot work permit program in place? See WESTON FLD-36 | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is smoking limited to specific areas, prohibited in flammable storage areas and are signs posted to this effect? | |

HAZARDOUS SUBSTANCES, AGENTS AND ENVIRONMENTS 29 CFR 1926 Subparts D, Z. EM 385-1-1, Sections 6, 28

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are operations, materials and equipment evaluated to determine the presence of hazardous contaminants or if hazardous agents could be released in the work environment? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are MSDS for substances made available at the work-site when any hazardous substance is procured, used, or stored? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all containers and piping containing hazardous substances labeled appropriately? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there an inventory of hazardous substances? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a site Specific Hazard Communication Program? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Spill kits appropriate for the hazardous materials present are on site and their location is known to spill responders. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is disposal of excess hazardous chemicals performed according to WESTON's guidelines and RCRA regulations. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Before initiation of activities where there is an identified asbestos or lead hazard, is there a written plan detailing compliance with OSHA and EPA asbestos or lead abatement requirements? Does the plan comply with state and local authority, and USACE requirements, as applicable? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are personnel trained and provided with protection against hazards from animals, poisonous plants and insects? | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

PERSONAL PROTECTIVE AND SAFETY EQUIPMENT, RESPIRATORY AND FALL PROTECTION 29 CFR 1926 Subparts D, E, M. EM 385-1-1, Section 5

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Do employees understand that the minimum PPE is hard hat, safety glasses with side shields and safety shoes or boots and that long pants and a sleeved shirt are required? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the SSHC reviewed the PPE requirements in the HASP against actual site conditions and certified that the PPE is appropriate? (see Field Manual, PPE Program) | |
| <input type="checkbox"/> | <input type="checkbox"/> | PPE is inspected, tested and maintained in serviceable and sanitary condition as recommended by the manufacturer. Is defective or damaged equipment taken out of service and repaired or replaced? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are workers trained in the use of the PPE required? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are personnel exposed to vehicular or equipment traffic, including signal persons, spotters or inspectors required to vests or apparel marked with a reflective or high visibility material? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a noise hazard? If yes, hearing protection will be required. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a splash or splatter hazard? Face shields or goggles will be required. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Will personnel be working in or over water? Personnel Floatation devices will be required. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a welding hazard? Welding helmet and leathers will be required. Is there a cutting torch hazard? Goggles and protective clothing will be required. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is each person on a walking/working surface with an unprotected side or edge which is 6 feet (1.8 m) or more above a lower level protected from falling by the use of guardrail systems, safety net systems or personal fall arrest systems? See WESTON FLD 25 (Note General Industry standard is four feet). | |
| <input type="checkbox"/> | <input type="checkbox"/> | Guardrail systems are used as primary protection whenever feasible. Guardrail construction meets criteria in 29 CFR 1926.502(b). | |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal fall arrest systems (PFAS) are inspected and appropriate for use. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ropes and straps (webbing) used in lanyards, lifelines, and strength components of body belts and body harnesses are from synthetic fibers. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety nets and safety net installations are constructed, tested and used according to 29 CFR 1926.502.c | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is respirator use required? See WESTON Respiratory Protection Program | |
| <input type="checkbox"/> | <input type="checkbox"/> | Persons using respiratory protection have been successfully medically cleared, trained and fit tested. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Respirators are used according to the manufacturer's instructions, regulatory requirements, selection criteria and health and safety plan provisions. | |
| <input type="checkbox"/> | <input type="checkbox"/> | For Level C operations with organic vapor contamination, is the cartridge change-out schedule documented? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is breathing certified as Grade D, or better, and certification available on-site? | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

MACHINERY AND MECHANIZED EQUIPMENT 29 CFR 1926 Subparts N, O. EM 385-1-1, Sections 16, 17, 18

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are inspections of machinery by a competent person established? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is equipment inspected daily before its next use? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment inspection reports are reviewed, followed-up on negative findings and records of inspections are maintained? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Machinery or equipment found to be unsafe is taken out of service until the unsafe condition has been corrected. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a preventive maintenance program established? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are operators of equipment qualified and authorized to operate? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is all self-propelled construction and industrial equipment equipped with a reverse signal alarm? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are seats or equal protection provided for each person required to ride on equipment. Are seatbelts installed and worn on motor vehicles, as appropriate. | |
| <input type="checkbox"/> | <input type="checkbox"/> | All equipment with windshields is equipped with powered wipers. If fogging or frosting is possible, operable defogging or defrosting devices are required. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Internal combustion engines are not operated in enclosed areas unless adequate ventilation are made. Air monitoring is conducted to assure safe working conditions. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is each bulldozer, scraper, dragline, crane, motor grader, front-end loader, mechanical shovel, backhoe, or similar equipment equipped with at least one dry chemical or carbon dioxide fire extinguisher with a minimum rating of 5-B:C? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Will cranes or other lifting devices be used? If so, are the following documents available on site: 1) a copy of the operating manual, 2) load rating chart, 3) log book, 4) a copy of the last annual inspection and 5) the initial on-site inspection? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do operators have certificates of training to operate the type of crane(s) to be used? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a signal person provided when the point of operation is not in full view of the vehicle, machine or equipment operator? When manual (hand) signals are used, is only one person designated to give signals to the operator? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Signal persons back one vehicle at a time. While under the control of a signal person, drivers do not back or maneuver until directed. Drivers stop if contact with the signal person is lost. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a critical lift plan prepared by a competent person whenever: a lift is not routine, or a lift exceeds 75% of a crane's capacity, a lift results in the load being out of the operator's line of sight, or a lift involves more than one crane, a man basket is used, or the operator believes there is a need for a critical lift plan. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fork Lifts (Powered Industrial Trucks) - Will forklifts be used on site? | |
| <input type="checkbox"/> | <input type="checkbox"/> | All fork lifts meet the requirements of design, construction, stability, inspection, testing, maintenance and operation as indicated in ANSI/ASME B56.1 Safety Standards for Low Lift and High Lift Trucks. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do forklift operators have certificates of training? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are pile driving operations conducted according to EM 385-1-1, Section 16.L? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is drilling equipment operated, inspected, and maintained as specified in the manufacturer's operating manual? Is a copy of the manual available at the work-site? See also the Drilling Safety Guide in the Safety Officers Field Manual. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are flag persons provided when operations or equipment on or near a highway expose workers to traffic hazards? Do flag persons and persons working in proximity to a road wear high visibility vests? Are persons exposed to highway vehicle traffic protected by signs in all directions warning of the presence of the flag persons and the work? Do signs and distances from the work zone conform to federal and local regulations? | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

MOTOR VEHICLES 29 CFR 1926 Subpart O. EM 385-1-1, Section 18

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Motor vehicle operators have a valid permit, license, or certification of ability for the equipment being operated. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Inspection, maintenance and repair is according to manufacturer's requirements by qualified persons. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicles are inspected on a scheduled maintenance program. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicles not in safe operating condition are removed from service until defects are corrected. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Glass in windshields, windows, and doors is safety glass. Any cracked or broken glass is replaced. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Seatbelts are installed and worn. | |
| <input type="checkbox"/> | <input type="checkbox"/> | The number of passengers in passenger-type vehicles does not exceed the number which can be seated. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Trucks used to transport personnel have securely anchored seating, a rear endgate, and a guardrail. | |
| <input type="checkbox"/> | <input type="checkbox"/> | No person is permitted to ride with arms or legs outside of a vehicle body; in a standing position on the body; on running boards; seated on side fenders, cabs, cab shields, rear of the truck or on the load. | |
| <input type="checkbox"/> | <input type="checkbox"/> | ATV operators possess valid state drivers license, have completed an ATV training course prior to operation of the vehicle, and wear appropriate protective equipment such as helmets, boots, and gloves. | |

EXCAVATING AND TRENCHING 29 CFR 1926 Subpart P. EM 385-1-1, Section 25

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the known or estimated location of utility installations such as sewer, telephone, fuel, electric, water lines, or any other underground installations that may be expected to be encountered during excavation been determined before excavation? Have utility locations been verified by designated state services according to state regulations? Has the client provided clearance where state jurisdiction doesn't apply? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have overhead utilities in excavation areas been identified and either de-energized, shielded or barricaded so excavating equipment will not come within 10 feet? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are inspections of the excavation, the adjacent areas, and protective systems made daily and as necessary by a competent person? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are Protective systems in place as prescribed by the competent person? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is material removed from excavations managed so it will not overwhelm the protective systems? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are barriers provided between excavations and walkways? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are excavations by roadways barricaded to warn vehicles of presence or to prevent them from falling in? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a means of exit from the excavation every 25 feet? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is air monitoring required? If yes, Is it performed? | |

CONFINED SPACES 29 CFR 1910 Subpart J. EM 385-1-1, Section 6

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a Confined Space Entry Program in place? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the confined Spaces identified and labeled? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the Confined Spaces be entered? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is appropriate entry documentation used and on-file? | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

ELECTRICAL 29 CFR 1926 Subpart K. EM 385-1-1, Section 11

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are electrical installations made according to the National Electrical Code and applicable local codes? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Qualified electricians make all connections and perform all work within 10 feet of live electric equipment. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Location of underground, overhead, under floor, behind wall electrical lines is known and communicated. Lines are documented by qualified person as de-energized where necessary. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers understand they must not work near live parts of electric circuits, unless they are qualified as required by OSHA or are protected by de-energizing and grounding the parts, guarding the parts by insulation, or other effective means? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees who regularly work on or around energized electrical equipment or lines are instructed in the cardiopulmonary resuscitation (CPR) methods. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers are prohibited from working alone on energized lines or equipment over 600 volts. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are Ground-fault circuit interrupters (GFCI's) or is ground fault circuit protection provided to protect employees from ground-fault hazards for all 115 – 120 Volt, 15 and 20 amp receptacle outlets which are not a part of the permanent wiring of a building or structure at construction sites? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Circuit breakers are labeled. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Circuit breaker and all cabinets with exposed electric conductors are kept tightly closed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Unused openings (including conduit knockouts) in electrical enclosures and fittings are closed with appropriate covers, plugs or plates. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Sufficient access and working space is provided and maintained about all electrical equipment to permit ready and safe operations and maintenance. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Motors are located within sight of their controllers or controller disconnecting means are capable of being locked in the pen position or is a separate disconnecting means installed in the circuit within sight of the motor. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are visual inspections of extension cords and cord-and plug-connected equipment conducted daily? Is equipment found damaged or defective tagged and removed from service, and not used until repaired? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Wet Areas - Is portable lighting used in wet or conductive locations, such as tanks or boilers operated at no more than 12 volts and protected by GFCIs. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are electrical installations in hazardous areas to NEC? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Metal ladders and tools including tape measures or fabric with metal thread are prohibited where contact with energized electrically parts is possible. | |
| <input type="checkbox"/> | <input type="checkbox"/> | All extension cords are the three-wire type, designed and rated for hard or extra hard usage? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Worn or frayed electrical cords or cables are taken out of service. Fastening with staples, hanging from nails or suspending extension cords by wire is prohibited. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Electric wire/flexible cord passing through work areas is protected from damage such as foot traffic, vehicles, sharp corners, projections and pinching? Flexible cords and cables passing through holes are protected by bushings or fittings? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Before an employee or contractor performs any service or maintenance on a system where the unexpected energizing, start up, or release of kinetic or stored energy could occur and cause injury or damage, the system is to be isolated. Only authorized persons may apply and remove lockouts and tags. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Contractors planning to use hazardous energy control procedures submit their hazardous energy control plan to the WESTON site safety officer or designee before implementing lockout/tagout procedures. | |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a site specific hazardous energy control plan that clearly and specifically outlines the scope, purpose, authorization, rules and techniques to be used for the control of hazardous energy. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers possess the knowledge and skills required for the safe application, usage and removal of energy controls. | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

WELDING AND CUTTING 29 CFR 1926 Subpart J. EM 385-1-1, Section 10

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to performing welding, cutting or any other heat or spark producing activity, an assessment of the area is made by a competent person to identify combustible materials and potential sources of flammable atmospheres. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Welders, cutters and their supervisors are trained in the safe operation of their equipment, safe welding and cutting practices, hot work permit requirements, and fire protection. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Welding and cutting equipment is inspected daily before use. Unsafe equipment is taken out of use, replaced or repaired. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers and the public is shielded from welding rays, flashes, sparks, molten metal and slag. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees performing welding, cutting or heating are protected by PPE appropriate for the hazards (e.g., respiratory, vision and skin protection). | |
| <input type="checkbox"/> | <input type="checkbox"/> | Compatible fire extinguishing equipment is provided in the immediate vicinity of welding or cutting operations. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Drums, tanks, or other containers and equipment which have contained hazardous materials shall be thoroughly cleaned before welding or cutting. Cleaning shall be performed in accordance with NFPA 327, <u>Cleaning or Safeguarding Small Tanks and Containers</u> , ANSI/AWS F4.1, <u>Recommended Safe Practices for the Preparation for Welding and Cutting of Containers That Have Held Hazardous Substances</u> , and applicable health and safety plan requirements. | |

HAND AND POWER TOOL SAFETY 29 CFR 1926 Subpart I. EM 385-1-1, Section 13

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Power tools are from a manufacturer listed by a nationally recognized testing laboratory for the specific application for which they are to be used. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand & power tools are inspected, maintained, tested and determined to be in safe operating condition before use. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tools found to be unsafe are not used, tagged and repaired or destroyed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Users of tools are trained in safe use. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical tools have cords and plug connections in good repair. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical tools are effectively grounded or approved double insulated. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Reciprocating, rotating, and moving parts of equipment are guarded if they may be accessed by employees or they otherwise create a hazard. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety clips/retainers are installed and maintained on pneumatic impact tool connections. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Chain saws have an automatic chain brake or anti-kickback device. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pneumatic and hydraulic hoses and fittings are inspected regularly. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees who operate powder actuated tools are trained and carry valid operators cards. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Powder activated tools are stored in individual locked containers, when not in use and are not loaded until ready to use. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Powder actuated tools are inspected for obstructions or defects daily before use. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Powder actuated tool operators have appropriate PPE. | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

RIGGING

29 CFR 1926 Subpart H. EM 385-1-1, Section 15

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Rigging equipment is inspected as specified by the manufacturer, by a qualified person, before use on each shift and as necessary to assure that it is safe. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Defective equipment is removed from service. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Rigging not in use is removed from the work area, properly stored, and maintained in good condition. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Wire rope removed from service for defects is cut up or plainly marked as unfit for use as rigging. | |
| <input type="checkbox"/> | <input type="checkbox"/> | The number of saddle clips used to form eyes in wire rope conforms with Table H-20, are spaced evenly and the saddles are on the live side. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Chain rigging has a tag clearly indicating load limits, is inspected before initial use, then weekly, and is of alloyed metal. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fiber rope rigging is not used if it is frozen or has been subject to acids or excessive heat. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Slings and their fittings and fastenings are inspected before use on each shift and as needed during use. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Drums, sheaves, and pulleys on rigging hardware are smooth and free of surface defects that can damage rigging. | |

MATERIAL HANDLING, STORAGE, AND DISPOSAL

29 CFR 1926 Subpart H. EM 385-1-1, Section 14

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Employees are trained in and use safe lifting techniques. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Materials are not moved or suspended over workers unless positive precautions have been taken to protect workers. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Conveyors are constructed, inspected, & maintained by qualified persons according to manufacturer's recommendations. | |
| <input type="checkbox"/> | <input type="checkbox"/> | All conveyors are to be equipped with emergency stopping devices. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Hazardous exposed moving machine parts are guarded mechanically, electrically or by location. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Controls are clearly marked and/or labeled to indicate the function controlled. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Taglines are used for suspended loads where the movement may be hazardous to persons. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Material in storage is protected from falling or collapse by effective stacking, blocking, cribbing, etc. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Walkways and aisles are to be kept clear. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Materials are not stored on scaffolds or runways in excess of normal placement or in excess of safe load limits. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Work areas and means of access are maintained safe and orderly. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tools, materials, extension cords, hoses or debris do not cause tripping or other hazards. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Storage and construction sites are kept free from the accumulation of combustible materials. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste materials and rubbish are placed in containers or, if appropriate, in piles. Waste materials are disposed of in accord with applicable local, state, or federal requirements. | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

FLOATING PLANT AND MARINE ACTIVITIES 29 CFR 1926 Subpart O. EM 385-1-1 Section 19

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Floating plants that are regulated by the USCG have current inspections and certificates. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Before any floating plant is brought to the job site and placed in service it is inspected and determined to be in safe operating condition | |
| <input type="checkbox"/> | <input type="checkbox"/> | Periodic inspections are made such that safe operating conditions are maintained. Strict compliance with EM 385-1-1, Section 19 is expected. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Plans are in place for removing or securing the plant and evacuation of personnel endangered by severe weather and other marine emergencies such as; fire, flooding, man overboard, hazardous materials incidents, etc.. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Means of access are properly secured, guarded, and maintained free of slipping and tripping hazards. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Dredging operations follow guidelines as established in EM 385-1-1, Section 19.D. | |

PRESSURIZED EQUIPMENT AND SYSTEMS 29 CFR 1926 Subparts I, F. EM 385-1-1, Section 20

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Pressurized equipment and systems are inspected before being placed into service. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pressurized equipment or systems found to be unsafe are tagged "Out of Service-Do Not Use". | |
| <input type="checkbox"/> | <input type="checkbox"/> | Systems and equipment are operated, inspected and maintained by qualified, designated personnel. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe clearance, lockout/tagout procedures are followed as appropriate during maintenance or repair. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Air hose, pipes, fittings are pressure-rated for the activity. Defective hoses are removed from service. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Hoses aren't laid over ladders, steps, scaffolds, or walkways in a manner that creates a tripping hazard. | |
| <input type="checkbox"/> | <input type="checkbox"/> | The use of compressed air for personal cleaning is prohibited. The use of compressed air for other cleaning is restricted to less than 30 psig. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Compressed gas cylinders are stored in well-ventilated locations. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinders in storage are separated from flammable or combustible liquids and from easily ignitable materials by at least 40 feet or by a minimum five feet tall, ½ -hour fire resistive partition. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Stored cylinders containing oxidizing gases are separated from fuel gas cylinders by at least 20 feet or by a minimum five feet tall, ½ -hour fire resistive partition. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinder valve caps are in place when cylinders are in storage, in transit, or a regulator is not in place. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Compressed gas cylinders in service are secured in substantial fixed or portable racks or hand trucks. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Oxygen cylinders and fittings are kept away from, and free from oil and grease. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinder Storage areas are posted with the names of the gases in storage and with signs indicating "No Smoking or Open Flame". | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinders are to be stored such that mechanical and corrosion damage is avoided. Cylinders are not to be stored in areas required as an egress path. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinders may be stored in the open outdoors, however, they must be protected from the ground to prevent corrosion and must be protected from temperatures that may exceed 125 degrees F. | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

WORK PLATFORMS/SCAFFOLDS 29 CFR 1926 Subparts L, M, N. EM 385-1-1 Sections 21, 22

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Work platforms are erected, used, inspected, tested, maintained and repaired according to manufacturer's requirements. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction, inspection, and disassembly of scaffolds is under the direction of a competent person. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers on scaffolding have been trained by a qualified person. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Scaffolds are erected on a firm and level surface and are square and plumb. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Scaffolds are not loaded in excess of rated capacity. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Working levels of work platforms are fully planked or decked. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Planks are in good condition and free from obvious defects. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fabricated frame scaffolding four times higher than the base width is secured to building/structure according to manufacturer's instruction and/or OSHA requirements. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Working platforms of scaffolding over ten feet in height have guard rails meeting OSHA specifications. Fall protection is suggested at four feet or greater. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Scaffolding/work platforms are accessed by means of a properly secured ladder or equivalent. Built on ladders conform to scaffold ladder requirements. Climbing of braces is not allowed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Crane supported work platforms are designed and used in accordance with OSHA standards. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Elevating work platforms are operated, inspected and maintained according to the equipment operations manual. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees working in aerial lifts remain firmly on the floor of the basket. Employees use fall protection while in an aerial lift basket. | |

WALKING AND WORKING SURFACES AND STAIRS 29 CFR 1926 Subparts L, M, X. EM 385-1-1, Sections 21, 22, 24

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Work areas are clean, sanitary, and orderly | |
| <input type="checkbox"/> | <input type="checkbox"/> | Work surfaces are kept dry or appropriate means are taken to assure the surfaces are slip-resistant | |
| <input type="checkbox"/> | <input type="checkbox"/> | Accumulations of combustible dust are routinely removed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Aisles and passageways are kept clear and marked as appropriate. | |
| <input type="checkbox"/> | <input type="checkbox"/> | There is safe clearance for walking in aisles where motorized or mechanical handling equipment is operating. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Materials or equipment is stored in such a way that sharp projections will not interfere with the walkway. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Changes of direction or elevation are readily identifiable. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Aisles or walkways that pass near moving or operating machinery, welding operations or similar operations are arranged so employees will not be subjected to potential hazards. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Standard guardrails are provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground and bridges provided where workers must cross over conveyors and similar hazards. | |
| <input type="checkbox"/> | <input type="checkbox"/> | There are standard stair rails or handrails on all stairways having four or more risers or with an elevation of 30 or more inches. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Stairways are at least 22 inches wide. (General Industry Standard) | |
| <input type="checkbox"/> | <input type="checkbox"/> | Stairs angle no more than 50 and no less than 30 degrees, risers are uniform from top to bottom (plus or minus 1/4 inch) and are provided with a surface that renders them slip resistant. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Stairway handrails are not less than 36 inches above the leading edge of stair treads and have at least 3 inches of clearance | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

| | | | |
|--------------------------|--------------------------|---|--|
| | | between the handrails and the wall or surface they are mounted on. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Where doors or gates open directly on a stairway, there is a platform provided so the swing of the door does not reduce the width of the platform to less than 20 inches. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Where stairs or stairways exit directly into any area where vehicles may be operated, there are adequate barriers and warnings provided to prevent employees stepping into the path of traffic. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Signs are posted showing the load capacity of elevated storage areas. | |
| <input type="checkbox"/> | <input type="checkbox"/> | An appropriate means of access and egress is provided for surfaces with 19 or more inches of elevation change. | |
| | | Material on elevated surfaces is minimized, with that necessary for immediate work requirements piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading. | |

FLOOR AND WALL HOLES AND OPENINGS 29 CFR 1926 Subpart M. EM 385-1-1, Section 24

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Floor and roof openings that persons can walk into or fall through are guarded by a physical barrier or covered. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Holes (defined as equal to or greater than 2 inches in least dimension) where person could trip must be covered/protected. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Unprotected sides and edges on a walking/working surface six feet or more (note four feet in General Industry) are protected by guardrail system, safety net or Personal Fall Arrest System (PFAS). | |
| <input type="checkbox"/> | <input type="checkbox"/> | Unused portions of service pits and pits not actually in use are either covered or protected by guardrails or equivalent. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Coverings for holes or other openings must be constructed of sufficient strength to support any anticipated load, must be secured in place to prevent accidental removal or displacement and must be marked indicating purpose (e.g., stenciled "Hole" or painted contrasting color to surroundings). | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

LADDERS

29 CFR 1926 Subpart X. EM 385-1-1, Section 21

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Portable ladders are used for their designed purpose only. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Portable ladders are examined for defects prior to, and after use. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ladders found to be defective are clearly tagged to indicate "DO NOT USE" if repairable, or destroyed immediately if no repair is possible. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers are trained in hazards associated with ladder use and how to inspect ladders. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ladders have secure footing provided by a combination of safety feet, top of ladder tie-offs and mud cills or a person holding the ladder to prevent slipping. | |
| <input type="checkbox"/> | <input type="checkbox"/> | The handrails of a straight ladder used to get from one level to another extend at least 36 inches above the landing. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ladders conform to construction criteria of ANSI Standards A-14.1 and A-14.2. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Wooden ladders are not painted with an opaque covering such that signs of flaws, cracks or drying are obscured. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fixed ladders are constructed and used according to OSHA Standards, 29 CFR 1910.27 and ANSI A-14.3. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Rungs, cleats or steps, and side rails that may be used for handholds when climbing, offer adequate gripping surface and are free of splinters, slivers or burrs, and substances that could cause slipping. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fixed ladders of greater than 24 feet have cages or other approved fall protection devices. (note General Industry is 20 feet). | |
| <input type="checkbox"/> | <input type="checkbox"/> | Where fall protection is provided by ladder safety systems (body belts or harnesses, lanyards and braking devices with safety lines or rails), systems meet the requirements of and are used in accordance with WESTON Fall Protection Standard Practices and are compatible with construction of the ladder system. | |

DEMOLITION

29 CFR 1926 Subpart T. EM 385-1-1, Section 23

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to initiating demolition activities an engineering survey (by a competent person) and a demolition plan (by a competent person) is completed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | All employees engaged in demolition activities are instructed in the demolition plan. | |
| <input type="checkbox"/> | <input type="checkbox"/> | It has been determined through the engineering survey and outlined in the plan, if any hazardous materials, or conditions (e.g., asbestos, lead, utility connections, etc.) exist. Such hazards are controlled or eliminated before demolition is started. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Continued inspections, by a competent person, are conducted to ensure safe employee working conditions. | |

TREE MAINTENANCE AND REMOVAL

29 CFR 1910 Subpart R. EM 385-1-1, Section 31

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tree maintenance or removal is done under the direction of a qualified person. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tree work, in the vicinity of charged electric lines, is by trained persons qualified to work with electricity and tree work. Appropriate distances are maintained for all workers who are not qualified. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment is inspected, maintained, repaired and used in accordance with the manufacture's directions. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to felling actions are planned to include clearing of the area to permit safe working conditions and escape. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees must be trained in the safe operation of all equipment. | |
| <input type="checkbox"/> | <input type="checkbox"/> | All equipment and machinery is inspected and determined safe prior to use. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Work is performed under requirements of FLD 43. | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

BLASTING

29 CFR 1926 Subpart U. EM 385-1-1, Section 29

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | A blasting safety plan is developed prior to bringing explosives on-site. | |
| <input type="checkbox"/> | <input type="checkbox"/> | The transportation, handling, storage, and use of explosives, blasting agents, and blasting equipment must be directed and supervised by a person with proven experience and ability in blasting operations. Licensing of person is verified. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Blasting operations in or adjacent to cofferdams, piers, underwater structures, buildings, structures, or other facilities must be carefully planned with full consideration to potential vibration and damage. | |

HAZARDOUS, TOXIC, AND RADIOACTIVE WASTE AND UNDERGROUND STORAGE TANK (UST) ACTIVITIES

29 CFR 1926 Subpart D. EM 385-1-1, Section 28

| YES | NO | | COMMENT |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | All construction activities performed with known or potential exposure to hazardous waste are conducted in accordance with Hazardous Waste Operations and Emergency Response requirements. | |

CONCRETE and MASONRY CONSTRUCTION

29 CFR 1926 Subpart Q. EM 385-1-1, Section 27

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Construction loads are not placed on a concrete or masonry structure or portion of a concrete or masonry structure unless the employer determines, based on information from a person who is qualified in structural design, that the structure or portion of the structure is capable of supporting the loads. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees are not permitted to work above or in positions exposed to protruding reinforcing steel or other impalement hazards unless provisions have been made to control the hazard. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Sections of concrete conveyances and airlines under pressure are secured with wire rope (or equivalent material) in addition to the regular couplings or connections. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural and reinforcing steel for walls, piers, columns, and similar vertical structures is supported and/or guyed to prevent overturning or collapse | |
| <input type="checkbox"/> | <input type="checkbox"/> | All form-work, shoring, and bracing is designed, fabricated, erected, supported, braced, and maintained so it will safely support all vertical and lateral loads that may be applied until the loads can be supported by the structure. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Shoring equipment is inspected prior to erection to determine that it is specified in the shoring design. Any equipment found to be damaged is not used. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Erected shoring equipment is inspected immediately prior to, during, and immediately after the placement of concrete. Any shoring equipment that is found to be damaged, displaced, or weakened is immediately reinforced or re-shored. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Shoring, vertical slip forms and jacks conform with requirements of Section 27.B.08-13 of USACE EM 385-1-1. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Forms and shores (except those on slab or grade and slip forms) are not removed until the individual responsible for forming and/or shoring determines that the concrete has gained sufficient strength to support its weight and all superimposed loads. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Precast concrete members are adequately supported to prevent overturning or collapse until permanent connections are complete | |
| <input type="checkbox"/> | <input type="checkbox"/> | No one is permitted under pre-cast concrete members being lifted or tilted into position except employees required for the erection of those members. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Lift slab operations are planned and designed by a registered engineer or architect. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydraulic jacks used in lift slab construction have a safety device that causes the jacks to support the load in any position if the jack malfunctions | |
| <input type="checkbox"/> | <input type="checkbox"/> | No one is permitted under the slab during jacking operations. | |
| <input type="checkbox"/> | <input type="checkbox"/> | A limited access zone is established whenever a masonry wall is being constructed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fall protection is provided to masonry workers exposed to falls of 6 feet or more. | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

STEEL ERECTION 29 CFR 1926 Subpart R. EM 385-1-1, Section 27

| YES | NO | | COMMENT |
|--------------------------|--------------------------|---|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Impact wrenches have a locking device for retaining the socket. Containers shall be provided for storing or carrying rivets, bolts, and drift pins, and secured against accidental displacement when aloft. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural and reinforcing steel for walls, piers, columns, and similar vertical structures shall be guyed and supported to prevent collapse | |
| <input type="checkbox"/> | <input type="checkbox"/> | No loading is placed upon steel joists until all bridging is completely and permanently installed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers are provided fall protection whenever they are exposed to falls of 1.8 m (6 ft) or more (EM 385-1-1). | |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary flooring in skeleton steel erection conforms with Section 27.F of USACE 385-1-1 | |

ROOFING 29 CFR 1926 Subpart M. EM 385-1-1, Sections 21, 22, 24, 27

| Yes | No | | Comments |
|--------------------------|--------------------------|--|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | In the construction, maintenance, repair, and demolition, of roofs, fall protection systems is provided that will prevent personnel from slipping and falling from the roof and prevent personnel on lower levels from being struck by falling objects | |
| <input type="checkbox"/> | <input type="checkbox"/> | On all roofs greater than 4.8 m (16 ft) in height, a hoisting device, stairways, or progressive platforms are furnished for supplying materials and equipment. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Roofing materials and accessories that could be moved by the wind, including metal roofing panels, that are on the roof and unattached are secured when wind speeds are greater than, or are anticipated to exceed, 10 mph. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Level, guarded platforms are provided at the landing area on the roof. | |
| <input type="checkbox"/> | <input type="checkbox"/> | When their use is permitted, warning line systems comply with USACE Section 27.07 of EM 385-1-1. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Workers involved in roof-edge materials handling or working in a storage area located on a roof with a slope \neq to four vertical to twelve horizontal and with edges 6 ft or more above lower levels are protected by the use of a guardrail, safety net, or personal fall arrest system along all unprotected roof sides and edges of the area. | |

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

ENVIRONMENTAL COMPLIANCE

| Yes | No | | Comments |
|--------------------------|--------------------------|--|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Environmental Compliance and Waste Management Plan on file. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste Determination Made. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Manifest and/or Shipping Papers prepared and filed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Manifest Exception Reports Prepared, as necessary. Procedures to track manifests in place. | |
| <input type="checkbox"/> | <input type="checkbox"/> | State Annual and EPA Biennial Reporting Information Available. | |
| <input type="checkbox"/> | <input type="checkbox"/> | RCRA Personnel Training Records on file. | |
| <input type="checkbox"/> | <input type="checkbox"/> | CAA Permits on file. | |
| <input type="checkbox"/> | <input type="checkbox"/> | CWA Permits on file. | |
| <input type="checkbox"/> | <input type="checkbox"/> | RCRA Permits on file. | |
| <input type="checkbox"/> | <input type="checkbox"/> | State and/or Local Permits on file. | |
| <input type="checkbox"/> | <input type="checkbox"/> | RCRA Inspections conducted and Documentation on file. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Transporter and TSD compliance information on file. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste Accumulation Areas Managed Properly. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Wetlands Areas Identified and Protected. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Endangered, Threatened or Special Concern Species or Areas Identified and Protective Methods Determined. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Runon and Runoff Concerns Identified and Managed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Adjacent Land Areas Protected as Necessary. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-Hazardous Solid Wastes Managed Properly. | |

MISCELLANEOUS REGULATORY and POLICY COMPLIANCE

| Yes | No | | Comments |
|--------------------------|--------------------------|--|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Personnel Training Records for DOT Materials Handling on file. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Noise Control Issues Addressed and Managed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Security Issues Identified and Managed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Known Historical, Archeological and Cultural Resources Identified and Managed. | |
| <input type="checkbox"/> | <input type="checkbox"/> | WESTON EHS Analysis Checklist In Use. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety Observation and Recognition Program in place. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Weekly EHS Report Card System in place. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Federal, State and Local Required Postings in place. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Site specific Lockout/Tagout Program is in place. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Site-specific Confined Space Program is in place. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Safety Officer filing system is in place and up to date. | |

ATTACHMENT J
SITE SECURITY ASSESSMENT FORM (PERMISSIVE ENVIRONMENT)

SITE SECURITY ASSESSMENT FORM (PERMISSIVE ENVIRONMENT)
 (To be completed by the Safety Officer, Site Safety Officer and Project Manager)
 (Approved by the Division Safety Manager and submitted to the Corporate Security Manager)

DESCRIPTION

Site Name and Location:

Wilcox Oil

Customer Name and Location:

US EPA

Type of Work:

General oversight, oversight of soil boring activities, and the collection of soil samples from soil borings.

Projected Start Date: December 2014

Projected Completion Date: TBA

DEMOGRAPHICS *(Objective description of local geography, climate, population and related factors)*

THREAT INDICATORS *(Subjective description of social, economic, political, criminal, terrorist and related factors)*

COUNTERMEASURES *(Current and projected risk mitigation factors)*

Current Security Systems (fencing, lighting, access controls, alarms, guards, CCTV, etc.):

Current Security Procedures (ID badges, visitor logs, vehicle inspections, written instructions, employee briefings, contingency plans, etc.):

Closest police station location and contact information:

Other relevant observations or information to describe the security environment:

OVERALL RISK ASSESSMENT AND SECURITY RECOMMENDATION

Risk Level:

☒ Low

☐ Medium

☐ High

Date

Site Safety Officer: Derrick Cobb

Division Safety Manager: Sam Cheek

USE ATTACHMENTS FOR ADDITIONAL COMMENTS, MAPS AND DIAGRAMS